

**“YOU DON’T KNOW HALF THE STORY”: DEEPENING THE DIALOGUE WITH
YOUNG MOTHERS**

By

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This thesis is presented for the degree of Doctor of Philosophy at Murdoch University

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DECLARATION

I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

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Signature.....

Date.....

ABSTRACT

Pregnant and young mothers' stories often go untold, neglected or misrepresented within the dominant community health and social care discourses. Consequently, narratives of young mothers are largely absent from social and health care literature, especially in relation to young women's experiences of pregnancy and motherhood and the role community services play in supporting young women as they transition to motherhood. This research study was undertaken in response to a paucity of observational and contextually rich research that explores young women's experiences of pregnancy and motherhood in the community. Fundamental to this study's purpose was the premise that to improve planning and delivery of more appropriate health and social services for this group, we need to listen, consult, and consider what life is really like for young mothers in the community.

Using a narrative approach, this study explored through story how young women understand, experience and make sense of pregnancy and motherhood in the community. A period of seven months of participant observation fieldwork at a community service for young mothers was undertaken. In that time contextual observations of thirty-one informants and eleven in-depth, face-to-face interviews were completed with young women at differing points of pregnancy and motherhood. The central story behind the young women's narrative accounts of becoming pregnant and becoming a mother was that it was a significant *turning point in their lives*, describing motherhood as opening doors to meaningful and positive experiences as they negotiated and creatively adapted to their changing circumstances and new motherhood roles.

The findings were captured in both short narrative portraits and six major metaphorical themes including: *Picking up the Pieces*; *Walking a Narrow and Familiar Path*; *Jumping over Puddles*; *Riding the Rapids to Motherhood*; *Living with Dirty Looks*; and *Asking for Directions*. The integral role a community service played in scaffolding the young

women's experiences as they transitioned to motherhood was captured in a further three themes: *Finding a Circle of Friends*; *Weaving a Tapestry*; and *Turning the Page*.

The alternative understandings that emerged from the young women's storied experiences of motherhood present a strong argument for the radical re-visioning of young motherhood including re-framing community and social health policy, practice and service delivery for young mothers. This alternative vision is grounded in a narrative approach that values young mothers as the experts of their own lives and provides a model for a truly collaborative practice. Community services that provide judgment-free space where young mothers feel a sense of belonging and social support are vital in promoting a positive sense of self, identity and autonomy in young mothers. The findings revealed the power of narrative and social learning when working with young mothers, suggesting that social models of health that foster a relational approach are fundamental to young mothers finding their own voices and solutions and becoming active agents in re-authoring future narratives of hope, autonomy and agency.

CONFERENCE PROCEEDINGS

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Prologue

One night a young woman dreams.

She is banging on solid wooden doors, silently begging for someone to let her in. Her head sinks forward onto the unyielding doors, her mouth dry, her breath shallow, legs weakened by the hollowness of her spirit. In the distance she hears voices of women humming a song from her childhood:

'This is the way we sow our seed...

gather our grain...

bake our bread...

This is the way we tend our lives

so early in the morning'

As she stands there, listening; a woman appears at the door and says:

“Don’t be afraid of your darkness”

The woman takes out a pouch of yeast from her pocket and offers it to the young woman. She follows, walking into a room where an older woman stands gathering together other women from adjoining rooms. A sack of flour, a bag of salt and a jug of water are simply laid on a round wooden table in the centre of the room.

“What are you doing?” the young woman asks the older woman:

“I am baking bread” she warmly replies.

The older woman guides the young woman to an empty space at her table, beckoning her to start blending the ingredients into a large porcelain bowl. The young woman adds the small pouch of yeast and begins to fold and knead the dough with patience and tenderness. She caresses the dough, presses, sculpts and folds it through her diligent fingers.

After a while, the dough is rested in a warm, dark, moist place in the corner of the room. She sits quietly and waits. Sometime later, after the dough has risen and is brought out of the dark, the women carefully mould the dough before placing it into a large wood fired oven for transformation.

In this moment, the young woman opens to a new way of seeing and sustaining herself; seated around the table, she hears the harmony of the women’s voices as they share truths and stories of their lives. The sound infuses vibrancy into the air as the comforting aroma of the baking bread fills the room.

She carves the bread, shares her story and initiates her becoming.

CHAPTER ONE – CONCEPTION OF THE STUDY

Introduction

This study was conceived from a strong desire to explore some deep questions that arose while working with young mothers in the Peel community, located 70 kms south of Perth, Western Australia. In the following chapters, I trace the journey and stories of eleven young women transitioning to motherhood. Upon embarking on this PhD journey, I have come to understand and cherish the magic of story. In doing so, I have chosen to depart from the more traditional research approaches and instead tell a story about how a group of young women understand, experience and make sense of motherhood in the Peel region, in particular at a community house called the Happy Hut. This research story presents an alternative understanding of young mothers' lives, a vision more in touch with the reality of what life is really like for them.

In essence, this thesis has been a creative journey, an interweaving of the dual reflection and voices of our experiences, both the young mothers and my own. The power of evoking and telling stories lies in the honest and holistic accounts that “admit the full range of human experience into formal scholarly writing” (Nash, 2004, p. 29). Holloway and Biley (2011) recommend qualitative researchers use their own experiences as a valuable resource that honours the position, location and relationships encountered in the research experience, which are reciprocal. Therefore, the conceptualisation phase of this study was drawn from multiple sources that included not only witnessing young mothers' stories and collecting observational field notes but also producing creative works in tandem with this inquiry. Writing short stories and producing art works was used as a way of making sense of the research journey I was undertaking. The emotional and physical health benefits of expressive writing can integrate both cognitive and emotional elements (i.e. thoughts and feelings) of experience (Baikie & Wilhelm, 2005; Pennebaker, 2000).

In order to portray the full richness of my research story, I have chosen to write in first person and incorporate some of the creative works throughout the thesis. These include my scholarly personal narratives, including insights, reflections and experiences, which will be presented in italics throughout the thesis. These accounts together with the young mothers' stories offered a map to help frame this study, embodying a holistic approach that allowed my understandings and writing to begin "from the inside out, rather than from the outside in" (Nash, 2004, p. 59). It is my hope that our voices will promote different understandings by provoking an opportunity to re-vision young motherhood through a more optimistic and hopeful lens.

How did it all begin?

I can trace the genesis of my interest in this research study to a variety of personal and professional experiences that began from my white, middle class, sheltered upbringing in Perth. After graduating as a nurse, my experience in a large public West Australian teaching hospital broadened my world view and heightened awareness of the social and health inequities that exist within Australia emerged. This experience led me to further my study in community health nursing where I was introduced to primary health care principles that naturally resonated with my personal and professional values. I believe that all human beings should have the right to grow, develop and flourish in safe, supportive and inclusive communities; just like I had. However, while working with vulnerable communities, I quickly learned that the playing field was not level and sought to follow Mahatma Gandhi's teachings and 'make injustice visible' in the communities I was working with.

During my work as a community youth health nurse from 2000-2006, I witnessed rapid changes of family, economic and social structures in my community and became acutely aware of how the social determinants of health impact on different groups in the community, especially young people. Working at the local high school it became apparent

that young peoples' issues were firmly embedded in the communities in which they live. They were facing some significant and complex issues, especially while navigating their way through a myriad of biological, psychosocial, cognitive and cultural changes. I felt a strong sense of injustice as it became clear that young peoples' needs were not being adequately addressed by community health care services. It frustrated me that there was a lack of youth-friendly, accessible and appropriate health services for young people. The delivery was fragmented, intervention-focused and took a 'one-size fits all' approach. As a community health nurse, I found it extremely difficult to practise in a primary health care model when the service delivery took a 'top down' intervention focus approach. Consequently, young people were not engaging in mainstream community health services. This led me to the question: What are we doing wrong? How can we re-engage young people and what can be done to close the gap between what is currently delivered and what young people actually need and want?

During this time, health policy response was focused on an individualised view of health, whereby the onus and responsibility for health is on the individual. Working within this health care environment was challenging. I felt increasingly angry that I was part of a system that perpetuates a "victim blaming" mentality when I witnessed daily accounts of young people struggling against inequitable social and structural conditions within their community that were clearly out of their control. The playing field was not level, health and social inequities exist in our communities and they shape young peoples' lives and futures. Working within the health department and being part of constraining institutional structures and cultures stifled my passion and drive to make a difference. What was the point of making injustice visible when no one was listening?

The community I was working with had a higher than average rate of adolescent pregnancy, and as I was based at the local high school, I was often the first and primary

source of health service support. While listening to pregnant and young mothers' stories, I became aware of the strong connection between the community conditions and how it was shaping their lives and futures. In addition, their narratives were being restricted by the wider community construct of 'teenage pregnancy' as being "problematic" and "limiting". It concerned me that the wider community's negative discourse could become young women's inner dialogue and significantly impact on how they viewed themselves as young women and mothers.

My community health experiences working with young mothers had planted a tiny seed that several years later began to grow into this research study. In 2009, I was working as a research assistant at Murdoch University for the Peel Child Health Study: 'Our Children. Our Family, Our Place'. I conducted a focus group with eight young mothers at a community house, many of whom I recognised from my role as a youth health nurse 3 years earlier (see photograph one).

Photograph 1: Focus group at the Happy Hut



The aim of the focus group was to identify how the Peel community supports child health and well-being as well as identify some barriers for parents raising young children. Whilst facilitating the open-style focus group, many of the young women began to share their stories of becoming young mothers. These stories demonstrated how their babies changed their lives, the stigma they felt from the community and the significant role the community house had played in supporting their transition to motherhood.

The young mothers' stories re-ignited my interest in young women and in particular the social worlds and realities of young mothers in the community. I was also intrigued why and how this community house was different from mainstream health and social services. The young women engaged in and valued this community space; it seemed to provide them with an alternative stock of knowledge and experience to draw from in the process of constructing positive motherhood identities. My thoughts turned to my work in the community and the identified incongruence between community health service delivery and the needs and wants of young people. Maybe this community house could provide a template of a community model of service for young people that worked. This prompted an exploration of more specific research questions to explore how young mothers understand, experience, and make sense of pregnancy and motherhood and articulate the role community spaces, like the Happy Hut, can have in scaffolding young women's experiences as they transition to motherhood. I applied and received an Australian Postgraduate Industry Award PhD scholarship and commenced my research project in May 2009.

Background to Study

Despite recent global and Australian reports, recommending strategic community health and primary health care service planning in the context of social determinants of health, social and health inequities still exist within Australian communities (Marmot, Friel, Bell, Houweling & Taylor, 2008; National Health and Hospital Reform Commission

[NHHRC], 2009), particularly in young peoples' lives (Wyn, 2009). Eckersley, Weirenga and Wyn's (2006) report on pathways to success and well-being for Australia's young people, calls for several "signposts" for future research and policy development in documenting and analysing the ongoing impact of social and cultural change in Australian communities. These signposts included research documenting young peoples' views, interpretations and insights into contemporary issues they are facing to ensure policy and services are congruent with their needs and lives. Without this valuable input, the authors claim that "policies, interventions and services for young people are likely to be fragmented and silo-based and out of step with their lives" (Eckersley, Weirenga & Wyn, 2006, p. 42).

Eckersley and colleagues' (2006) research highlighted that policy should not just focus on building resilience, adaptability and flexibility of young people to suit changing social settings, but also shape our community conditions to suit their changing needs. However, identifying and describing the intangible elements that support a young person's wellbeing is relatively unexplored, especially in how they are articulated in community services:

Publicly shared storylines about the conditions, context and relationships that create well-being are still relatively undeveloped, with little focus on creating contexts and relationships in which all people can grow and flourish. Perhaps communities need more robust or 'thick' storylines about this topic, access to alternative storylines, and to create safe spaces for other voices in public dialogue (Eckersley, et al., 2006, p. 35).

What youth literature does show is that there is a strong link between levels of social support and connection to a broader social network and the number of health concerns in young people (Australian Institute Health and Welfare [AIHW], 2007). Social support plays a significant role in improving mental health and well-being in young people. This is supported by the Australian Youth Research Centre which has recommended that communities provide spaces that enhance young peoples' sense of meaning, agency (control over life) and social connectedness (Eckersley et al., 2006). This has also been highlighted in the most recent

2013 report released by Australian Research Alliance for Children and Youth (ARACY) exploring the impact wider social, cultural and physical environments have on young people's wellbeing. The report indicates that Australian teenage pregnancy rates are currently higher than other OECD (Organisation for Economic Co-operation and Development) countries, ranking 22nd out of 34 comparable countries. A central theme to the ARACY (2013) report explored the presence of supportive systems and environments for young people, which include aspects of love, security and safety, including opportunities for young people to have a voice and participate in community life. However, the report indicates that while young people receive support if they really need it, access to community services is a significant issue for young people in Australia (ARACY, 2013).

Social connectedness and access to support networks are vital for pregnant and young mothers, especially in the face of a multiplicity of challenges whilst transitioning to adulthood and motherhood simultaneously (Lodgson & Davis, 2003; Lodgson, Gagne, Hughes, Patterson & Rakestraw, 2005; Lodgson & Koniakk-Griffin, 2005; Devito, 2007; Bunting & McAuley, 2004; Beeber & Canuso, 2005). However, given a supportive environment, young motherhood can also be a transforming turning point in their lives (Clemmens, 2003; Hanna, 2001; SmithBattle & Leonard, 1998; Larkins, 2007). The Australian Commonwealth Government's report on Improving Maternity Services in Australia (Bryant, 2009) found strong evidence that community and peer support can significantly improve outcomes for women. One of the report's recommendations recognised the unique needs of population subgroups, including young mothers and the need to integrate new mothers into the social and health care networks within their communities. However, despite the evidence suggesting the vital role social support plays in young mothers' lives, what is less clear is how services enable social support and, more importantly, how it can be cultivated at a community level.

Despite dominant public health discourse viewing early pregnancy and motherhood as a disease that requires both surveillance and a large public health response (Breheny & Stephens, 2011), there is a growing body of qualitative research studies (including this thesis) that privilege the voices and perspectives of young mothers which have been largely missing in health and social literature (Spear & Lock, 2003; Clemmens, 2003; Hermann, 2006; SmithBattle, 1994). This research is contributing to reformulating the ‘deficit’ view of young mothers to a more positive perspective; however, this change in perception will take time, especially in relation to policy response and providing services for young mothers. This was affirmed in Duncan’s (2007) comprehensive review of teenage parenting, which identifies that there is still a stark contradiction between research evidence and policy discourse, stating that:

teenage childbirth does not often result from ignorance or low expectations, it is rarely a catastrophe for young women, and that teenage parenting does not particularly cause poor outcomes for mothers and their children...becoming a teenage parent can make good sense in a particular life worlds inhabited by some groups of young women and men. Policies about teenage parenting, however, assume the opposite (Duncan, 2007, p. 328).

Some recent research has found that the dominant deficit discourse and incongruent policy responses to young motherhood may have filtered down to influence the way health care providers perceive and stigmatise young mothers in the health setting (Rutman, Strega, Callahan & Dominelli, 2002; Hermann, 2006).

Therefore, the focus for this research grew out of the sense that it was important to explore what the ‘right type of support’ and community conditions look like in order to map more appropriate services that are congruent with the lives and needs of young mothers. This has been explored from a professional viewpoint in a recent qualitative study in a socially disadvantaged area in Sydney. In describing the roles and experiences of professional staff working with young mothers, Mills and colleagues (2012) found that the two main themes of ‘connecting’ and ‘facilitating learning’ were interdependent and based on a trusting

relationship whereby the staff focused on connecting and “taking time to get to know the mother, and sharing experiences and stories” (p. 669). The study found that connecting with the young mother was a pivotal starting point to facilitating learning which came from informal and indirect approaches like role modelling in social interactions with other young mothers, over traditional formal parenting education sessions (Mills, Schmied, Taylor, Dahlen, Schuiringa & Hudson, 2012). However, there remains a paucity of observational and contextually rich research that explores perceptions and experiences of pregnant and young mothers within community services. This research study offers contextual understandings of eleven young women’s motherhood journeys, providing key information that illuminates young mothers’ experiences in a community service context. In doing so, it promotes new understandings of the role community services can play in scaffolding young women’s experiences as they transition to motherhood and thus provides a clear justification for conducting this research.

Qualitative research is all about meanings, so in order to elicit these meanings, I drew on three key methodological influences, narrative inquiry, case study and interpretative ethnography. First and foremost, this study is a narrative inquiry that sought to explore through story how young women understand, experience and make sense of pregnancy and motherhood. Atkinson (1995, p. 4) suggests that:

A life story gives us the benefit of seeing how one person experiences and understands life over time. In telling our life story, we gain new insights into human dilemmas, human struggles, and human triumphs, while also gaining greater appreciation for how values and beliefs are acquired, shaped, and held onto. In this way, the story of one person can become the story of us all.

Stories are a powerful way of communicating experiences, especially illustrating the contextual details of transitional and turning points in a person’s life, for example becoming a mother. There has been increased interest and a growing body of qualitative health literature that recommends using narrative as both a method of research inquiry and practice. These

include ‘narrative medicine’, where an analysis of personal narratives is used as a means to understanding health, particularly narratives of illness (Charon, 2006) and recommending mental health care providers adopt a narrative perspective when caring for patients (Hall & Powell, 2011). A narrative approach fosters a more holistic, culturally sensitive approach that elicits a deeper knowing and understanding. Understanding people through their stories provides valuable contextualised knowledge of social and personal circumstances, families and support networks, which permit a new lens of deeper understanding (Hall & Powell, 2011). A recent research paper authored by Hsu and McCormack (2012) suggest “narrative serves as a medium for ‘getting inside’ complex healthcare and social care relationships” (p. 841). Their research used narrative of older people’s hospitalisation experiences to inform practice, service developments and be responsive to the needs of health and social care consumers in the community.

Secondly, elements of case study methodology were used to explore the role of a community service in scaffolding the young women’s motherhood experiences. If young peoples’ issues and well-being are embedded and shaped in the communities in which they live, it was imperative to bind the young mothers’ stories within a community case study site. This is supported by Yin (2009) who recommends using a case study approach to understand real-life phenomenon in depth, particularly when the phenomena and important contextual conditions are not well understood. Campbell and Murray (2004) affirm the relevance of using communities as useful sites to examine social processes particularly as these:

local community relations form the context within which groups of people negotiate their social identities that shape health-related experience and behaviour. They equally often play a key role in enabling or restraining people from taking control over their health (p. 189).

Thirdly, elements of interpretative ethnography were used as I collected and interpreted the young mothers’ stories in the wider sociocultural context of their everyday lives. This was particularly important for young mothers who have been misrepresented in

the wider discourse that socially constructs ‘teenage mothers’ through a ‘problematic’ or ‘deficit’ frame (Luttrell, 2003). These methodological influences provided me with valuable cues to how young mothers negotiate and understand their motherhood experiences and will be further discussed in Chapter three.

Significance of Study

This narrative research is significant in a number of important ways. First, it creates space that privileges the voices of young mothers by deepening the conversation, bringing about new and alternative perspectives and storylines on how young women negotiate their motherhood experiences. In doing so, this research attempts to dismantle some of the dominant deficit discourse that exists around young motherhood. Young mothers’ stories often go untold, neglected within the dominant political, economic and social discourses. It is my hope that the young mothers’ stories give rise to political and social action and response that highlights their own ‘truths’ and provide valuable insight into their experiences of community social systems (Goodson & Gill, 2011), a first in the Peel region of Western Australia.

Second, qualitative research literature indicates the importance of a supportive context for young women transitioning to motherhood. It is, therefore, important to identify and articulate what a supportive community service looks like. Observational and contextual data, collected during seven months of fieldwork in a successful community model of service, provided an ideal template to identify and map how this community space acts as a vital resource for young women as they transition to motherhood. The stories from this study acted like bridges to the young mothers’ real world experience, producing ‘thicker storylines’ of how social and cultural resources impact on young people’s lives (Eckersley, et al., 2006). These are key to delivering more appropriate community health and social services for young mothers in the community.

Third, this thesis advocates the importance and significance of narrative research, both as a method of inquiry and practice. Telling stories not only assisted the young women to connect with others and make sense of their world (Eckersley, et al., 2006) it also offered a powerful tool for understanding young mothers' experiences. The findings affirm the use of Wierenga's (2009) social practice of 'storying', an ongoing creative endeavour she describes as the "act of listening to, telling, re-telling or revising a story" (p. 54). The use and practice of 'storying' provides a powerful vehicle to reflect on one's past and develop the active agency required for shaping future possibilities and opportunities for change, a term Wierenga (2009) refers to as "methodologies of hope" (p. 5). However, despite the Australian Youth Research report on pathways to success of well-being for young people (Eckersley, et al., 2006) recommending the practice of 'storying' with young people, there has been little research attention that articulates how we can create the community conditions and spaces needed for young people to practise 'storying' and become active agents in re-authoring their lives.

Fourth, I believe the strength in this thesis lies in the power of the co-constructed nature of narrative research, because this research story was created together (between the young mothers and myself), each bringing a particular viewpoint to the story (Hall & Powell, 2011). This is both original and significant because it provides personal accounts and narratives from both standpoints which ultimately provide a richer contextual picture and significant tool to inform future community health research, policy and practice. From this dual viewpoint, the findings may offer a key to why community health services have been 'missing the mark' and are currently not meeting the needs of young mothers in the community. This unmapped area may fill in the part of a discourse on young mothers that has been missing or misinformed to date, by shedding light on how we can re-vision community

health policy, practice and service delivery, to align with a true ‘bottom up’, primary health care approach, providing a clear justification for this study.

Purpose of Study

The purpose of this qualitative narrative inquiry was to explore how young women understand, experience and make sense of pregnancy and motherhood. By providing space and engaging in deep dialogue with young mothers, my thesis aims to do three things. First, to provide a vehicle for young mothers’ voices to be heard, allowing alternative storylines to emerge. Second, to challenge and dismantle some of the diminishing stereotypes and preconceptions that shape how we view young motherhood. Finally, map out what health and social services need to look like, including the supportive social structures that scaffold the young women’s experiences as they transition to motherhood.

Research Questions

The three research questions that guided this research study are:

1. How do young mothers understand, experience and make sense of pregnancy and motherhood in the community?
2. What role does a community house play in supporting and scaffolding the young women’s experience as they transition to motherhood?
3. What can be done to improve the social and cultural resources that support young mothers in the community?

Key Concepts in Study

It is necessary to outline some definitions and understandings of some key concepts that will be used in this study. Berg (2009) supports this by recommending researchers operationalize the concepts, explicitly stating the intended meaning of the concepts to ensure congruency of understanding between the writer and the reader. Firstly, it is important to

clarify the term ‘young mother’. For the purpose of this study I refer to the Australian Institute of Health and Welfare (AIHW) which state that: “it is widely accepted statistical convention to define young people as those aged between 15-24 years of age” (AIHW, 2007). In this study, the informants were aged between 16 and 23 years and are classified as a young person. Throughout this thesis, I have chosen to use the term ‘young women’, ‘young mother’ or ‘young motherhood’ interchangeably, mainly because the use of ‘teenage mother’ or ‘teenage pregnancy’ infers deviance, a negative construct I am trying to dismantle in this study. On occasion, I will use this inferred terminology (with connotations) to emphasise how young mothers are socially constructed in a negative stereotyped way.

Secondly, it is necessary to explain the concept of community health and how it is used in this study. For the purpose of this thesis, a social ecological model of community will be used, because it recognises the dynamic exchange between the young mother and her social environment. Originally established by Bronfenbrenner’s (1979) work, a socio-ecological model of community health is defined by the “interactions between people and the environment provide the dynamic forces that shape community character and that determine the extent to which community members will create and sustain health” (as cited in McMurray, 2007, p. 9). This social ecological model of community also aligns with Orford’s (2008) notion of community psychology which aims to understand people within their social worlds and use this understanding to improve health outcomes for individuals and communities. Community health psychology is an important research area which is committed to increasing our understandings “of the social context of health, and how action at the community level can contribute to the development of community contexts that are enabling and supportive of health enhancing behaviours” (Campbell & Murray, 2004, p. 188). Therefore, the promotion of a community’s well-being should focus on understanding the interrelations among people and their environments, a key factor in closing the gap

between health promotion, research and practice (Best, Stokols, Green, Leischow, Holmes & Buchholz, 2003).

Thirdly, community health nurse practice is grounded in the principles of primary health care that focuses on building, empowering and mobilising community capacity to achieve sustainable health and well-being for all community members (McMurray, 2007). The key concept of empowerment is based on the premise that if individuals can develop a sense of self efficacy and competence over their lives, they are better prepared to chart a healthy life course, particularly when faced with adversity (Labonte, 1997). Essentially, primary health care uses a 'bottom up' approach to provide accessible, equitable services that are grounded in the lives and needs where people live, work and play. However, despite the core business of Australian health care systems' focus on the provision and investment in quality primary health care, particularly for pregnant women and children (NHHRC, 2009; Baum, 2009), social and health inequities still exist in Australian communities. This has been attributed to the rise in neo-liberalism and governments that support bureaucratic, top-down approaches (Li, McMurray & Stanley, 2008) that see the majority of Australia's health expenditure directed to the illness care hospital services (Baum & Simpson, 2006). A central feature of a community health nurse's work is to understand how individuals are shaped by the communities in which they live, including contextual elements. This perspective of health shifts the focus from an individualistic perspective (that currently dominates health policy and practice) to a contextual one that acknowledges the link between constraining sociocultural and structural disadvantage that can negatively impact on the health of individuals and communities (Browne, Hartrick Doane, Reimer, MacLeod, & McLellan, 2010).

Finally, this thesis examines the notion of social support, a broad, multidimensional concept that has been used extensively in theoretical and research literature. Worldwide,

researchers concur that social support is a vital resource, insofar as it has been named one of the ten social determinants of health (Wilkinson & Marmot, 2003). Social support “helps give people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued (and) has a powerful protective effect on health” (Wilkinson & Marmot, 2003, p. 22). However, inherent in this concept of social support is the exchange of resources between the provider of social support and the recipient and the congruence between the provider and the recipient. Jacobson’s (1986) definition and clarification of the term ‘support’ will be utilised in this research study and can be defined in terms of resources that meet needs. Jacobsen (1986) refers to emotional, cognitive and material support. Emotional support refers to behaviours that foster feelings of comfort, leading individuals to believe that they are admired, respected, and loved. Cognitive support refers to information, advice and knowledge that helps the recipient to understand the world and adjust to changes. Material support refers to goods and services that assist individuals to solve practical problems (Jacobson, 1986). Providing all three types of social support offers an important ‘buffering effect’ that mitigates life-changing circumstances by “influencing the recognition, quality, and quantity of coping resources” (Duffy & Wong, 1999, p. 101), especially during transitional times in a person’s life.

Structure of Thesis

In this first chapter, I discussed the nature and context in which this study was set, including background information, significance, purpose of the study and key concepts to be considered. The research questions that guide the study were also explained. Chapter Two presents an in-depth review of the existing literature in relation to how young motherhood is constructed and misrepresented in dominant discourses. In particular, how this negative construction and deficit discourse has impacted health and social policy responses to young

mothers in the community. This will be followed by an overview of a growing body of qualitative literature that explores the transformative potential of motherhood given a supportive context. In the concluding section of Chapter Two, I will describe two theoretical frameworks: Goodson and Gill's (2011) narrative pedagogy, and Wierenga's (2009) interpretative framework of storying that influenced and shaped my conceptual lens for this study.

The methodology used for this study is presented in Chapter Three, including the audit trail and rationale that guided my choices of research strategies and methods. To conclude this chapter, I share my own journey in overcoming some of the challenges and ambiguities of 'doing' narrative research. Chapter Four outlines and describes the methods used to undertake the study including data collection techniques, participant observation, individual narrative based interviews and reflective field notes. Methods of data analysis and interpretation will be discussed as well as ethical issues for the study. Chapter Five summarises the findings from the qualitative data analysis and will present eleven narrative portraits and nine overarching metaphorical themes that represent the young women's experiences of motherhood including the role the Happy Hut played in scaffolding their experiences as they transitioned to motherhood. Chapter Six contains the discussion and implications of the findings, in relation to the existing body of relevant literature. Implications for community health policy, practice and future research are discussed. The limitations of this research study will also be provided.

CHAPTER TWO – SETTING THE SCENE

Introduction

This chapter will review and critique the published literature that provided key insights and ideas that informed the structure and direction of this qualitative research study. In reviewing the literature, I employed many search strategies and included nursing journals, allied health journals, books and theses. Electronic data bases including EBSCO and PROQUEST were used extensively, drawing mainly from the Cumulative Index for Nursing and Allied Health (CINAHL). The key words in the search included teenage pregnancy, adolescent pregnancy, teenage mothers, adolescent mothers, young mothers, young motherhood and social support, narrative, relational care, and community health services; this was completed over the time period of my candidacy. The cited literature is drawn predominantly from the previous forty years, from Freire's (1973) seminal work in critical consciousness and Geertz (1973) interpretations of cultures to ARACY report card on the wellbeing of young Australians published in March 2013.

The literature review can be placed broadly into four main areas: Firstly, I will look to the broader landscape in which the cultural phenomenon of both youth and “teenage pregnancy and motherhood” has been socially constructed and misrepresented in dominant discourse. I will argue the need for ‘insider’ narrative views of experience to generate conceptual understandings of how young mothers negotiate their experiences of motherhood, in particular the community conditions that scaffold their experiences as they transition to motherhood. The second area will widen the lens by describing a growing body of qualitative research that presents an alternative view of young motherhood, as a transformational turning point in the young women's lives. This section will extend to consider the impact of stigmatisation of young mothers, including stigmatisation by health and social services and how this impacts on young women's experiences of motherhood. Thirdly, the important role

social support networks play in young mothers' lives, including a growing body of research that recommends an open, relational and less formal approach to working with young mothers will be presented. Finally, sitting against the backdrop of the theoretical discourse presented in this literature review, I will describe how a narrative view of experience presents a different perspective and new way of understanding and responding to young motherhood. The two main bodies of work that shaped the conceptualisation of this study include Goodson and Gill's (2011) concept of narrative capacity, encounters and pedagogy, and Wierenga's (2009) interpretative framework of the practice of 'storying' with young people will be described.

The final part of this chapter will summarise the literature and demonstrate the rationale upon which this study is founded. Overall, it highlights a fragmented and incomplete picture of the multidimensional experiences of young mothers, identifying the need for a richer understanding of young women's experiences of motherhood; especially the role community services can play in scaffolding young women's experiences as they transition to motherhood.

Social construction of young motherhood

Young people's issues are embedded in the communities in which they live and thus it is imperative that we interpret (view) the narratives of young people's lives against a broader backdrop of economic, political and social change (Wierenga, 2009). However, firstly it is important to briefly explore the notion of identity and human agency in young people. A young person's identity is defined by Wyn (2009) as their sense of self, a personal attribute and construction that is forged in their social and physical environment. Identities are shaped by wider social processes, relationships and 'ways of being' that are prescribed, suggested, modelled or enforced on young people through their everyday practices in the communities in which they live. Active engagement in the practice of storying is important in young people

constructing their identity as it directly relates to a young person's sense of their own agency (Wierenga, 2009). Human agency is the ability of humans to transcend their immediate environment and use their power to shape their life course and circumstances. By creating visualised futures, a young person's agency lies in their ability to construct, evaluate and/or modify an alternative and valued course of action for their lives (Bandura, 2006). This is essential for young people constructing their identities and future storylines within a social context.

How society shapes understandings and defines youth in contemporary society has been debated in many different discourses including social, economic and public health arenas. From a public health perspective a recurring theme in the literature conceptualises youth as vulnerable and/or 'at risk' (Wyn, 2009). These terms label young people in terms of their "risky behaviours" categorising them as "vulnerable so the problem becomes *theirs*, rather than the social circumstances that create the conditions" (Wyn, 2009, p. 15). This shift and emphasis in public health discourse on the moral and social responsibility of individuals to manage their health and wellbeing has been extended to a "blaming the victim" mentality. This concept blames the individual for failing to make the moral and correct choice in their lives (Wyn, 2009) and fails to acknowledge or address the sociocultural context of a young person's life, which includes the important and challenging developmental task of constructing their identities and storying future lives.

An individualised approach whereby the onus or responsibility for health and wellbeing falls on the individual is damaging for young people. It distorts our understandings of how social and structural conditions of class, gender, race and geographical location affect young people's lives, rendering these real social issues invisible. Unfortunately there is very little research that explores and acknowledges these broader social influences and how they increasingly affect and shape young people's possibilities and life chances (Wyn &

Woodman, 2006). This “blaming the victim” mindset extends to how the wider community views young mothers by shaping the way we perceive and respond to young motherhood, “as a cultural phenomenon and as a social, political, or moral problem” (Luttrell, 2003, p. 25). Luttrell’s (2003) *Pregnant Bodies, Fertile Minds* ethnographic research provides a humane portrait of young pregnant women transitioning to motherhood whilst attending school. In order to understand the meaning assigned to young women’s subjective experiences of pregnancy and motherhood she states that research around young mothers:

must engage in, and respond to, these dominant discourses and representations of the “pregnant teenager”. It is not as if one can present a distinct “narrative” or set alternative images about teenage pregnancy without engaging the dominant discourse (p. 4).

Becoming a mother is a challenging time for all women in contemporary society as demonstrated in early motherhood literature from nursing, midwifery, feminist and sociological research domains (Rogan, Schmeid, Barclay, Everitt & Wyllie, 1997). The three main theoretical framework underpinning early motherhood have mainly focused on role attainment (Rubin, 1967), psychological and behavioural aspects of the transitional period (Rossi, 1962) and the relationship between mother and infant (Klaus & Kennell, 1982). However, the work of Ann Oakley in her book ‘*Women Confined: Towards a Sociology of Childbirth*’ (1980) provided a significant and alternative perspective on a woman’s response to childbirth, viewing it as a social transition, a major life event. Her research in the 1970’s used in-depth interviews with women, allowing them to freely voice their experiences exploring the wider cultural context of motherhood and how it influences motherhood experiences (Oakley, 1980). Her seminal research broadened the view of motherhood or as Geertz (1973) refers to provided ‘thicker descriptions’ and multi-layered motherhood stories.

Society and in particular health and social researchers have long been fascinated with teenage mothers, however, it is important to explore which discourses young mothers accept and/or reject and how it can potentially become part of the young mothers “inner dialogue

about who they are, who they are becoming, how they are seen by others, and how they see themselves” (Luttrell, 2003, p. 23). This is particularly important when exploring young motherhood and the negative discourse that includes ‘thin descriptions’ and diminishing ‘labels’ that can often lead to ‘thin conclusions’ about young mothers’ identities (Morgan, 2000). This could potentially have a substantial impact on how young mothers make sense, understand and experience pregnancy and motherhood especially in constructing their identity and future life story. Young people who use ‘thick descriptions’ to describe themselves and the world around them (Wierenga, 2009) are equipped with both dense and thicker storylines which according to White (2007) makes the young person more robust in a time of crisis because they have multiple contingency plans and alternative ways of understanding their situation.

The negative discourse that surrounds pregnant and young mothers dates back to early American nineteenth-century historical roots that labelled unmarried pregnant girls as “sexually unorthodox” and “immoral” (Nathanson, 1991). The most comprehensive study to date on the discourses around teenage motherhood was conducted by Kelly (1996) who characterised prevalent and often competing discourses about young mothers from media accounts. She identified four main discourses, the “wrong-girl” frame; “wrong-family frame”; “wrong-society frame” and the young mothers own “stigma-is-wrong frame”. Kelly (1996) contends that these four discourses co-exist and are powerful social and psychological forces that shape young mothers experiences. The most dominant of these is the “wrong-girl frame” which I will briefly discuss because it holds the most influence in the public’s understandings of young mothers. This frame is centred on the discourse of bureaucratic and academic experts that depict young mothers as the cause and consequence of poverty and welfare dependency (Kelly, 1996). This perspective scrutinizes and labels young mothers as deviant for making the “wrong” choice, a choice that does not follow the ‘normal’ life

trajectory (i.e. finish school, get a job, marry and have children) (Luttrell, 2003). This frame is what Lesko (2001) describes as the “disorderly, out of time act” of teenage pregnancy that faces some deeply entrenched beliefs that oppose the coming-of-age narrative. She states:

Teenage motherhood appears to be a narrative of swift and all-at-once growing up. Thus the problem of teenage motherhood is a violation of proper age chronology and what is believed about biological age; it is also a compacted or condensed narrative of growing up that violates the leisurely, extended adolescence (p. 141).

This deficit and predominantly Western framing of young mothers is in stark contrast to the pre-industrialisation era where early childbearing was viewed as “common” and a “normal” feature of social life. As SmithBattle (2000) explains:

It was only with industrialisation that adolescence emerged as a distinct life stage in which youth were prepared through formal education to select an identity from a range of opportunities. In the industrialised world, teenage childbearing is now believed to jeopardize the trajectory to adulthood by interrupting education, thereby curbing success in the labour market and ultimately leading to persistent poverty associated with welfare assistance or low skilled jobs (p. 29-30).

The current health care focus on ‘risk factors’ and ‘risky behaviours’ that target deficiencies is another version of the “wrong-girl” discourse that directs attention toward the deficit frame deflecting the issues away from the root cause of young motherhood which includes the inequitable distribution of social and cultural resources (Luttrell, 2003). Health and social research that focuses on the ‘risk factors of teenage pregnancy’ reinforces the negative public and health professional discourse. This was highlighted in a recent paper by Breheny and Stephens (2010) who used discursive analysis to understand how the construction of teenage mothers in medical and nursing journals influences the shaping of dominant attitudes towards teenage mothers. They identified four discourses that influence the construction of teenage mothers, “as a disease, as expensive, as resisting mainstream culture and as reproducing disadvantage through reproduction” (Breheny & Stephens, 2010, p. 309).

This negative discourse, together with the influence of liberal political ideology on an individualised view of health has informed our approach and delivery of health and social services to young mothers in the community and may explain the “yawning gulf between experience of teenage parenting and policy” (Duncan, 2007, p. 307). Whether the ‘problem’ of ‘teenage motherhood’ is portrayed as a moral, social or economic one it further legitimises the ‘at risk’ concept that requires a public health response. The health system reaction has positioned its response accordingly tending to focus on targeted, interventionist responses rather than acknowledging the bigger picture and honouring the complexity of young people’s lives and the social conditions in which they live. This reaction has caused fragmented and inadequate youth health services in Australia (Wyn, 2009).

A decontextualized view of young mothers does not take into consideration how young mothers struggle with and against these dominant discourses that have inevitably shaped their lives. From a narrative perspective, these discourses influence how individuals see themselves and others and are “powerful contributors to the plot of the stories by which we live” (Morgan, 2000, p. 9). As Foucault’s (1980) seminal work on social theory argues, individual and collective stories are embedded in context and constructed in socially shared storylines or discourses. These discourses are never neutral they are firmly embedded in response to power relations of gender, class, race and affect the social and structural conditions and resources available to young mothers in the community. SmithBattle’s (2000) narrative research with young mothers began a growing body of work that actively challenges many of these prevailing assumptions that result when a narrow view of young childbearing is applied to practice. She contends that it is this dominant belief:

that early childbearing results in life-long negative consequences, including poverty, that permeates our collective understanding and fundamentally structures programs and social policy responses to adolescent parenting (SmithBattle, 2000, p. 29).

She argues that these dominant beliefs exert pressure on health care professionals to train and intervene based on middle class standards and scientific based clinical protocols without extracting a holistic account that includes a young mother's struggles, strengths and aspirations (SmithBattle, 2000). SmithBattle's (2007) recent interpretative study of teen mothers "Learning the Baby" attributes incongruent policy response to a significant barrier to learning. She recommends a focus on relational nursing care that is guided by each individual mother's situated learning, and is adapted to fit into the young mother's life world. This is especially important for young mothers who are trying to forge a future amidst a lack of middle class opportunities and resources or skills from the past to guide her new motherhood role (SmithBattle, 2007). In attempting to reconstruct the dominant discourse based on scientific norms, SmithBattle (2009) recommends public health nurses use a relational approach that shelters and mentors young mothers, a strategy that replaces a "reliance of the "rule book".." [that] dismiss teen mothers perspectives and fail to take into account the family worlds and social contexts that shape their lives" (p. 369).

Over the past decade there has been an increasing interest in social research that presents alternative views of people's lives by presenting what Geertz (1973) describes as 'thick' and 'rich' life descriptors. An "insider" narrative approach that privileges the voices of young women by valuing both diversity and the social realities and circumstances of young people's lives has been signposted in research by Eckersley and colleagues (2006). They assert the need for researchers to generate conceptual understandings by listening closely to young people's stories especially in regard to how they negotiate their lives in different social contexts. This begins by policy makers listening and starting from the "young women's experience of themselves as sufficiently 'grown up', resourceful and resilient, to acknowledge their own understanding, and work with them" (Rolfe, 2008, p. 312). This in

turn could open the door to alternate and more supportive models of health and practice that is grounded in the lives and understandings of young mothers in the community.

Widening the Lens: An alternative view of young motherhood

Most of the social and health care literature that reinforces the popular ‘deviant’ view of young mothers is large scale empirically based research that focuses on links between lower socio-economic status and risk factors of teenage pregnancy, highlighting negative outcomes for mothers including poor school performance, lower maternal education and poverty (Meade, Kershaw & Ickovics, 2008); lower self-esteem and more depressive symptoms (Wahn & Nissen, 2008); intergenerational teenage motherhood and cycles of deprivation (Wilkinson & Pickett, 2009) and negative outcomes for children born to teenage mothers (Shaw, Lawlor & Najman in 2006).

However, an alternative view of young motherhood is emerging, suggesting that it is not the young women’s pregnancy that results in poor economic and social outcomes but rather the contaminating effects associated with poverty that limit young women’s life chances. Geronimus (1997) advises that regardless of services or guidance offered some young women make the rational choice to become pregnant because they feel it is the right decision. His pioneering research of African American teenage mothers proposes that early childbearing may be an adaptive response to socioeconomic environments of poorer health, poverty and limited employment and educational prospects, a finding that still has not filtered into or informed current policy and practice in working with young mothers (Geronimus, 2003). Geronimus’s findings have been confirmed in a large United Kingdom study conducted by Cater and Coleman (2006) who explored motivations and perspectives of young parents from disadvantaged backgrounds who planned their pregnancy. Using a screening questionnaire to select a sample of interviewees, fifty one participants engaged in an in-depth interview that focused on the young women’s experiences of poverty and

disadvantage in both early life and a year prior to falling pregnant. The findings indicated that young mothers had reported unsettled childhoods and backgrounds including parental separation, difficult relationships and moving location frequently. This had in turn influenced their choice to become pregnant, a decision stimulated by the desire for more stability which they viewed as:

an opportunity, one that was within their own control, to change their life for the better. Becoming a parent was a route out of family hardship and unhappiness, a chance for independence, and an opportunity to gain a new identity (Cater & Coleman, 2006, p. X).

This research found that pregnancy offered young women an alternative life course including escaping home life, gaining a purpose in life and proving their capability as a parent including being more competent than their own mothers. Young motherhood was viewed as a valued identity, one that they knew how to achieve because of a previous love and caring of younger children. In their descriptions of becoming pregnant, many of the young women fell into a “positive ambivalence” category which Cater and Coleman (2006, p. 21) describe as “young women seemed not to mind whether they became pregnant or not, although were clearly not avoiding the possibility of pregnancy”.

This finding was also affirmed in a small scale qualitative study by Arai (2003) who conducted 12 in-depth interviews with young mothers to explore whether unplanned pregnancy in women under 20 years of age was attributed to lack of opportunity leading to low expectations or a result of sexual “mixed messages” or poor contraception knowledge. Her findings reveal that for some young women early childbearing is a meaningful and rational life course suggesting that the young women’s ‘low expectations’ and community structural factors may play a more powerful role than issues relating to sexual attitudes and knowledge (Arai, 2003). This was also described by Mitchell and Green (2002) who found that young mothers perceived motherhood as a significant rite of passage to adulthood and

status within their society, a welcoming life option against a backdrop of limited socio-economic opportunities (Mitchell & Green, 2002).

Young motherhood as a transformational turning point

Contrary to the larger empirically based studies of the negative outcomes of young motherhood, the emergence of qualitative research that privileges the voices and perspectives of young mothers has portrayed an alternative story, one that has been largely missing in the literature on young mothers. Highlighted in the qualitative research is the transformational role pregnancy and motherhood plays in the young women's lives. This was confirmed in two meta-synthesis of qualitative studies on adolescent pregnancy and motherhood conducted by Spear and Lock (2003) whose review of twenty two qualitative studies found on the whole young women perceived their pregnancy as a rite of passage, and although challenging was viewed as a positive life event. Similarly, Clemmens (2003) analysis of eighteen qualitative studies on adolescent motherhood provided some broad characteristics of this phenomenon. She identified five overarching themes including:

(1) the reality of motherhood brings hardship; (2) living in the two worlds of adolescence and motherhood; (3) motherhood as positively transforming; (4) baby as a stabilising influence; and (5) supportive context as a turning point for the future (Clemmens, 2003, p. 93).

Clemmens (2003) suggests that adolescent motherhood is both stressful and challenging but can be transforming given a supportive environment. Uncertainty and lack of knowledge in parenting, feelings of isolation and alienation, blending two divergent lives while supporting individual adolescent self-growth and development revealed the enormity and complexities that adolescent mothers face in the community. The recognition of a supportive context as a turning point "can serve as a catalyst for more advocacy in creating social programs and policies that build upon strengths....supportive context has the capacity to help mothers to develop a new identity, and new sense of self" (Clemmens, 2003, p. 97). This was affirmed in

an ethnographic study conducted by Hermann (2006) exploring young mothers' insights into their experiences of repeat pregnancy in sixteen young mothers. The young mothers' narratives included the themes looking for or finding a better life, suggesting that motherhood had presented them with new and positive characteristics including levels of independence and sense of responsibility that had a positive influence on their lives. The important role social support plays in mitigating stressful experiences was highlighted following the loss of friendship groups and changes in social life since becoming a mother (Hermann, 2006).

The research of both Hanna (2001) and SmithBattle (1994) explored how young mothers construct their identities as they negotiate their new motherhood roles. Hanna's (2001) ethnographic study included narratives from five young mothers who describe their transitional struggles as being accentuated because of their young age, including experiencing inadequate preparation and reliance on welfare for financial support. However, the four themes identified included experiencing transforming lives and opportunities for change, tolerating abandonment of support, living publically examined lives and accommodating many challenges. Study recommendations included the need for more engaging, appropriate support for adolescent mothers to assist in overcoming the educational, social, psychological and developmental disadvantages adolescent mothers experience (Hanna, 2001). These positive and negative experiences of motherhood were echoed in SmithBattle's (1994) longitudinal interpretive study that explored how young mothers define and redefine themselves over time, in relation to their hopes and dreams for the future. Using a narrative approach, the study consisted of in-depth interviews with 13 young mothers and their family members after a four year interval. The initial interviews conducted by SmithBattle (1994) revealed the young mothers' reappraisal of the past, present and future. These early mothering experiences were described positively with a growing sense of responsibility and desire to be a good parent. For many of the young women these narratives revealed a

transformed sense of identity and future, especially for those who had strong family and community support.

However, in SmithBattle and Leonard's (1998) study four years later the narrative revealed that the young mothers' views of self and future were organised by the meanings and practices of their communities and families. Some young mothers had developed positive responsive behaviours to motherhood including sustained engagement and agency in their mothering. However, for others their experiences exposed a closed future of passive resignation. Her findings suggest that young mothers "require a stable social world with adequate resources and responsive relationships that support care giving and family life" (SmithBattle & Leonard, 1998, p. 12). Implications from her research suggests that there is a multitude of factors that shape the young mother's sense of self, future and emerging responsiveness to their new motherhood role. These include her family, community, professional views and public policy as well as social practices and relationship with others. Her research recommends that a focus on recognition which affirms and fosters a sense of self in young mothers and that encourages them to articulate their voice, goals and accomplishments are vital for them to positively respond and adapt to the challenges of motherhood (SmithBattle & Leonard, 1998).

Stigmatisation of young mothers

Many research studies have revealed the real and perceived stigmatisation of young mothers by the wider community. These include Hanna's (2001) research on how teenage mothers experience 'living publically examined lives' and De Jonge's (2001) research that explored the views of twelve young women about the support they received as teenage mothers. De Jonge's (2001) research revealed that although many of the young mothers viewed motherhood as being an improved status in their current social environment, many felt inhibited and stigmatized by older mothers in their community. A recent study by

Redwood, Pyer and Armstrong-Hallam (2012) who trained young mothers as peer researchers to lead six focus groups exploring attitudes and behaviors towards teenage pregnancy found their pregnancy had led them to being labeled and treated differently by friends, the wider community and health professionals because of their young age. This finding was confirmed in an Australian qualitative study by Morehead and Soriano (2005) who conducted focus groups with forty one young mothers and eight service providers to explore the supports, pressures and labour that shape young mothers' decisions about work and family life. The finding showed that young mothers are constructing their identities against a backdrop of difficult environments, revealing the fragility of their emerging mothering identities that could be "disassembled very easily as they went about their everyday lives in their communities" (Morehead & Soriano, 2005, p. 70). These findings highlight the significant impact stigmatisation can have on shaping a young mother's perceptions of self and her pregnancy and motherhood experiences.

The effects of shifting demographics (women delaying childbearing) and discourse on the experience of mothers was explored in a grounded theory study of thirty three mothers of varying ages and ethnic backgrounds in Canada (Whitley & Kirmayer, 2008). The study found that the younger Anglophone Euro-Canadian mothers felt strongly stigmatised as a result of their young age causing negative emotional, behavioural and cognitive effects. Many of the women in this study felt that the unwarranted societal surveillance from general public and social services impacted on how they viewed themselves reporting feelings of guilt, anger, shame, self-questioning and doubting capabilities as a mother. They concluded that the potential benefits and helpfulness of formal social and health care settings are negated and compromised by the reluctance of young mothers to be honest and ask questions in fear of judgment (Whitley & Kirmayer, 2008). This real and perceived stigmatization of young mothers by health care providers was also revealed in Hermann's (2006) study exploring

insights of young mothers' life aspirations and the impact of a repeat pregnancy on their life course. Many of the young mothers reported on the negative responses and support they received from nurses and support professionals, claiming they lacked in both care and helpfulness.

The stigmatisation of young mothers by health and social services has been attributed to incongruence in values between health professionals and young mothers. Geronimus, (2004) claims that this is often based on the practitioners moral beliefs about the 'proper' age chronology of becoming a mother. This was described in a Canadian study of social workers conducted by Rutman and colleagues (2002) who explored the experiences and perspectives of social workers working with young women who became mothers while in the care of government agencies. The study found that the social workers' deeply entrenched middle class values that reflected what they viewed as "good", "bad" and "deserving" mothers influenced their fatalistic beliefs that these young women would inevitably repeat "the deprivation cycle". These pathologizing attitudes were in contrast to what the young mothers viewed as the "cycle" and what had perpetuated it. The young mothers in the study viewed their pregnancy as a positive turning point, an opportunity to break the "cycle" and change unhealthy behaviours. The mismatch in perspectives between the young mothers expressed needs and resources delivered by the social workers resulted in social workers perceiving the young mothers as refusing support or being non-compliant. The research concluded that young mothers face both stigma and bias:

as a result of their age, class, race and family history. This stigmatisation segues into systematic and often relentless scrutiny and surveillance, oftentimes by the very state "parent" whose job it is to raise and support them in their transition to adulthood (Rutman et al., 2002, p. 158).

The authors recommend that both practitioners and policy makers need to start to critically examine and reflect on their own personal assumptions and values so they can begin to appreciate young mothers lived experiences and direct their care accordingly (Rutman et al.,

2002). This viewpoint was echoed by Brady, Brown, Wilson and Letherby (2008) in their research project exploring how services can better meet the needs of pregnant teenagers and young parents. They found that many of the young parents may not disclose important information because of fear of stigmatization and a lack of confidence:

as a result of negative stereotyping, practitioners too can misjudge and mislabel young women in their care. This means that relationships between young pregnant women and mothers and professionals are often complicated by unspoken misunderstandings on both sides. This lack of effective communication can lead to frustration and tension between both practices (p. 579).

There is a growing body of research that supports Kelly's (1996) "stigma-is-wrong" frame, a discourse created by the young mothers themselves. Kelly's research analysis revealed that young mothers view their pregnancy as a positive and empowering experience and actively reject the victim label, claiming the need to be seen in a more positive light. Themes extracted from young mothers' accounts included that other young mothers are the best support systems, that they have matured and taken responsibility and should be acknowledged and treated accordingly. Finally, Kelly's research found that young mothers recognise the stigmatization and will fight against it (Kelly, 1996). This was found in a recent research study conducted by Romagnoli and Wall (2012) who explored the experiences of ten young, low-income mothers with intensive parenting advice and educational programmes that focused on child cognitive development. The study is based on the premise that the "intensive and good mothering" ideology that results from neoliberal notions of individual responsibility and risk management is firmly embedded in middle class definitions of the "proper" method of raising children. It appears that while many young mothers expressed the pressure of societal expectations of what constitutes the "good mother", they are not internalising these expectations or experiencing feelings of guilt. On the contrary, they report feeling confident in their abilities to mother, relying on their own self-perceptions to define their motherhood status, a clear indicator of successful negotiation in the midst of social pressures and their

own resistance. The study also found that neoliberal policy direction of targeting the “at risk”, surveillance and education may be unsuitable for improving child and maternal wellbeing because it neglects the basic needs of providing nappies, formula, respite and free activities for their children to enjoy (Romagnoli & Wall, 2012).

This shift to a more positive discourse of young motherhood was also seen in Yardley’s (2008a) research who found that young women viewed their motherhood experiences in a positive light and did not believe they were less competent or economically self-reliant than older mothers. Moreover, many of the young mothers resented the stereotype of teenage mothers as they did not believe that it was representative of their motherhood skills or experience. The way they experienced and coped with the stigma was largely influenced by pre-existing value systems. The study found that if young motherhood was viewed as a normative youth transition, a role that was both worthy and esteemed, the young women were less likely to report negative effects of stigmatizing experiences (Yardley, 2008a). This leads to an exploration of the role social support plays in young mothers’ lives, in particularly identifying the “right type” of support.

Young mothers and social support

Research has shown that social support and connection to a broader social network including access to quality social and material resources are integral in scaffolding the young person through challenging life transitions (Wyn, 2009), and a key protective factor for building psychosocial resilience in young people (Lee, Cheung & Kwong, 2012). The overwhelming evidence of the links between how social conditions affect young people’s health, especially mental health were reported by the AIHW in 2007. This study found that 25% of young people experience mental disorders and that those living in communities that are fragmented, unsupportive and poorly resourced are most likely to encounter health problems (AIHW, 2007). This research was supported locally in the 2006 report of Health

and Wellbeing of young Adults in Western Australia from 2002-2005. They found that mental health problems in young people were significantly lower for those who had two or more people they could relax and confide in and who would listen to them (Crouchley, Daly & Molster, 2006).

There is unmistakable research evidence of the interrelationship between a young mother's support systems and experiencing a positive transition to motherhood. Firstly, social support is vital during pregnancy and often varies depending on the pregnant adolescent's context including composition of their family, socioeconomic status, safety issues and relationship with baby's father (Lodgson et al., 2005). Moreover, social support has been found to be equally important following birth as it diminishes feelings of stress and prevents adverse developmental effects on both mother and child (Lodgson & Koniakk-Griffin, 2005). Research studies have also linked social support to young mothers' positive interactions with their infants (Clemmens, 2001), and that increased emotional support received from an adolescent's own mother improves the young mother's self-perception of mothering (Devito, 2007; Morehead & Soriano, 2005) and leads to improved behavioural intentions among young parents (Turney, Conway, Plummer, Adkins, Hudson, McLeod & Zafaroni, 2011).

A supportive context that encompasses both family and friends is recognised, sought and highly beneficial for young women transitioning to motherhood. This was revealed in Brubaker and Wright's (2006) study of African American teen mothers' narratives who found that informal care giving provided an essential context that fosters positive identity transformation by constructing an optimistic counterstory against a backdrop of stigmatised master narrative of 'teenage motherhood'. This was confirmed in a literature review examining family, partner and peer support in teenage motherhood by Bunting and McAuley (2004) who found that different support networks can be both complementary and contribute to positive outcomes. Family support was important, showing positive influences on

parenting practices; however the perceived emotional support from peers surpassed that of parents and family.

From a narrative perspective, peers play an integral role in young mothers lives, and this is consistent with the developmental characteristics of a young person whose quest for identity is played out in their relationships and the social context of their lives (McAdams, 1993), a common occurrence in teenage networking as they seek out stories from their peers and use them as trusted and useful sources of new ideas (Wierenega, 2009). This was revealed in Fielden and Gallagher's (2008) study of first time parents' experience of a group parenting program who found that opportunities to network with other parents improved social capital, influencing their ability to enhance parenting outcomes.

The research exploring the effectiveness of formal support programs for young mothers has focused mainly on quantitative outcomes. A recent study conducted by Matthews (2009) to evaluate the effectiveness of a parent support program in two counties in the mid-South of America conducted a non-randomized one group, post-test design on forty pregnant and parenting women aged 14 to 21 years. They found that the majority of parents reported an increase in nurturing behaviours including using appropriate discipline and communication techniques, reading books to their children and celebrating special events. The study found that parent support programs are most valuable for skill development and developing tangible approaches to parenting and are least effective when they focus on longstanding family problems. This was affirmed in a study by Barnett, Liu, DeVoe, Alperovitz-Bichell and Duggan (2007) on a community based home visiting program. These authors found that while it improved the adolescent mother's school continuation and the young mother's parenting attitudes the service did not address the wider issues including reducing the rate of repeat pregnancy or depression amongst young mothers in Baltimore, United States. A recent quantitative study to evaluate the provision of midwifery and

psychosocial support to teenage mothers conducted by Cohen, Lises, Williams, Brunsdon and Batstone (2011) using pre-test/post-test controlled experimental design found no significant difference between the teenage mothers who received extra support and those that did not. The authors concluded that the use of a qualitative element that captured both the complexity and holistic account of the valued effects of support may have offered more significant results.

Qualitative research that considers the broader sociocultural context of young women's lives and how it can potentially shape young women's experiences was highlighted in Kulkarni's (2007) ethnographic research of 30 young mothers exploring contextual factors that affect developmental passages. She recommends that practitioners become aware of the strong connections between young mothers' experiences, and the social, structural and cultural circumstances that shape and constrain young women's narratives. A focus on prevention programs that foster critical thinking and self-efficacy are vital against a backdrop of sexualised and passive images of females in contemporary society (Kulkarni, 2007).

An acknowledgment of the multidimensional experiences of young mothers as they navigate and negotiate this significant life turning point is highlighted by Spear (2004). Spear (2004) emphasizes the importance of qualitative humanistic research into adolescent motherhood that values their unique experiences. The importance of gaining insight and understanding about the worldviews and personal experiences of pregnant adolescents is vital for the development of appropriate nursing interventions and community programs designed to meet their special needs and the challenges that go hand in hand with adolescent pregnancy and childbearing (Spear, 2004). This recommendation gives further evidence to support qualitative research approaches that honour young mothers as the experts of their own lives and focus on the young mothers' stories by providing "insider accounts" of their social

reality, especially in relation to informing policy, practice and delivery of more appropriate health and social services.

Inherent in the concept of social support is the exchange of resources that meet the young mother's needs. A comprehensive qualitative study conducted by Beeber and Canuso (2005) found commonalities across low income mothers' stories of how they adapted to reduced resources to meet their needs. The main themes included how young mothers meet their 'in the moment' basic fundamental survival needs. However, this support is both delicate and precarious, whereby a loss of a single support system could cause a dramatic consequence. The study found that support networks are isolated, limiting and self-replicating and that seeking and maintaining support can be labour intensive. In order to survive many of the young mothers displayed entrepreneurial qualities and valuable life skills such as practicality, quick decision making skills, and sharp observation and assessment skills. The authors conclude that nurses need to be aware of the interplay of economic resources and how this influences young mothers' social support processes. Health professional notions of ideal support may substantially differ from young mothers' actual needs (Beeber & Canuso, 2005).

In order to bridge the gap between young mothers' experiences and current service provision, an exploration of literature around supportive models of health was considered. Chablani and Spinney's (2011) model to engage high-risk pregnant and young mothers found that engagement strategies such as relentless outreach, fostering of transformational relationships and delivery of developmentally appropriate programming were key in retention, engagement and beginning a change process in young mothers. The authors suggest that evidence-based parenting programs are not serving young mothers well because their needs are excluded and little effort is made to engage in trusting and transformational relationships. This viewpoint is consistent with a key finding from Brady and colleagues (2008) whose research on how

services can better meet the needs of pregnant and young mothers found that a relational approach that fosters meaningful encounters would enhance a young mother's engagement and access to health care services. This was highlighted in a recent Australian qualitative study conducted by Mills and colleagues (2012) exploring the roles and experiences of professional staff working with young mothers in Sydney. The study findings highlighted young mothers benefit from a less formalised approach that is based on the young woman's individualised needs. The two main themes of first 'connecting' with young mothers followed by 'facilitating learning' utilised a strengths based group approach where social and parenting skills developed through role modelling allowing young mothers to set the agenda and the health professional to deal with the young mothers issues 'in the moment' (Mills, Schmied, Taylor, Dahlen, Schuiringa & Hudson, 2012).

A Narrative View of Young Motherhood

In order to explore and understand young mothers' experiences in the wider community context, I drew conceptually on a narrative view of experience. Therefore, this study is conceptualised within a narrative framework as a means to not only exploring a more holistic account of young mothers' experiences that can enhance narrative nursing knowledge (Frid, Ohlen and Bergbom, 2000) but also inform practice and health service developments (Hsu & McCormack, 2011). Narrative inquiry also provides a powerful tool to mediate between two different life world perspectives, that of health professionals and health care consumers (Greenhalgh & Hurwitz, 1999), allowing for a multiple lens to explore young motherhood within a community service. Narrative inquiry can open hidden features of a story, which McAllister (2001) proposes can potentially transform a cultural narrative. He suggests that:

shared stories and shared deconstruction have transformative potential. If stories help to inform nursing cultural narratives, then narrative inquiry is important to the advancement of nursing (p. 392).

Conceptual frameworks are used in nursing research to facilitate problem solving, assist in interpretation of relevant literature, provide congruence to the data analysis and guide interpretation of findings including validating the significance of the research project (Taylor, Kermode & Roberts, 2006). A conceptual framework is of particular importance in this research, as there is no singular way to define or approach narrative methodology (McCance, McKenna & Boore, 2001). Sitting against the backdrop of the theoretical discourse presented in the literature review above, there are two narrative views of experience that have shaped my conceptual lens, influencing my interpretation of data. These include Goodson and Gill's (2011) concept of narrative encounters, learning and pedagogy, and Wierenga's (2009) interpretative framework of practices of 'storying' with young people. Both will be presented in the following section.

Narrative Pedagogy

Goodson and Gill's (2011) book 'Narrative Pedagogy: Life History and Learning' influenced my narrative view of experience, including the analysis of my fieldwork and interview data. In essence, these authors believe that reflection and exploring the stories of our lives is a process of making sense, interpreting meaning and thus enables learning, which they have termed 'narrative pedagogy'. In their book they draw parallels to the relationship between narrative, learning and personhood, stating that "the sense of self lies in the individual's ability to make sense of past and present lived experiences in a way that support more coherent actions in the future" (Goodson & Gill, 2011, p. xii). The authors developed a spectrum of narrative character (see Figure 1) that a person applies in narrating their lives. A high narrative intensity occurs when people live in the narration, spending time in both reflecting and tuning their stories. These analytical narrators fall into two categories: the 'A' type narrative which is finely tuned and reflective, using narrative construction in meaning

making and in the process of becoming. The ‘B’ category is descriptive but less analytical and reflective, portraying a well-rehearsed and highly scripted story. The ‘C’ and ‘D’ categories show less elaborated narrative accounts and hence, less narrative flow and intensity. Whilst life stories are always present, for some people who are in the ‘D’ category stories are not practiced and are therefore less accessible. This results in a decreased narrative intensity because the narratives of their lives have not been reflected upon, rehearsed or recounted.

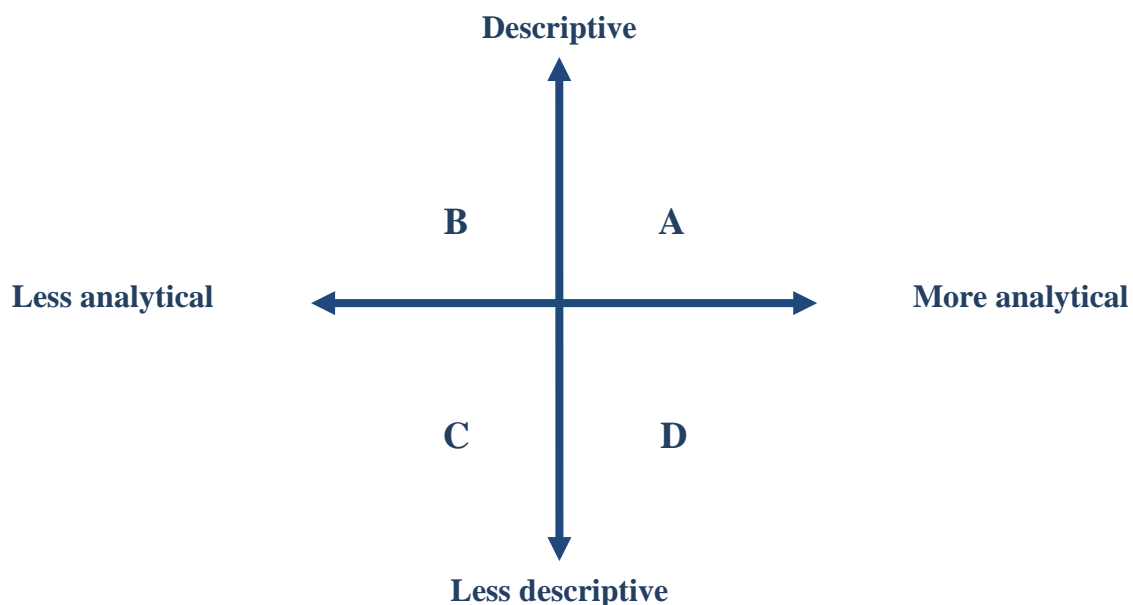


Figure 1: The spectrum of narrative character (Goodson & Gill, 2011, p. 59)

Goodson and Gill’s (2011) narrative research has found strong evidence to suggest that minimal reflection in the stories people told resulted in a limited ability to exercise agency or learning. It is also interesting to note that they found that a person’s:

narrative capacity is deeply rooted in culture and social forces including gender, ethnicity, race, class, profession and so forth. For some, the scripted narrative is open to re-construction, and for others, it is fixed in a strong version of his/her life and may prevent the narrator from engaging in a different account and hence may hinder any learning or new action (p. 60).

They claim that one of the advantages of using a narrative approach is that the researcher poses some deep questions that invite and potentially prompt self-reflection and the examination of one’s life as lived and told in stories (Goodson & Gill, 2011). This goes to the

heart of the relationship between narrative capacity, reflection and the opening of one's narrative to action, learning and agency. Similar to narrative therapists, Goodson and Gill (2011) argue that narrative is a powerful pedagogic site for both learning and personal development. Narrative cognition can only occur through the spiral process of narrative learning (see Figure 2) which includes creating space for narration and reflection including locating stories within the wider social, cultural and historical context of a person's life. The spiral process is founded on collaboration that includes a dialogic conversation and interaction that are 'open', whereby stories and interpretations are exchanged, recounted and reconstructed reciprocally. This process is enhanced by the facilitator's authentic engagement, which includes sharing personal narratives, intense listening and a deep, caring, loving and respectful relationship that comes from one's identity and integrity (Goodson & Gill, 2011). This collaboration, can lead to powerful insights as the learner locates their own narratives in a cultural, historical and social space, providing deeper understanding of how these social forces have impinged on their personal stories. The new understanding and perspective drawn from this collaboration results in a fusion of horizons between two points of view that converge into one narrative, a concept Goodson & Gill, (2011) refer to as the 'third voice'. When an individual moves through the spiral process of narrative learning they revisit storied themes, by theorizing more abstract and alternative understandings of self, leading "to a broader sense of reconciliation with the wider world and the multi-faceted human condition" (Goodson & Gill, 2011, p. 130) .

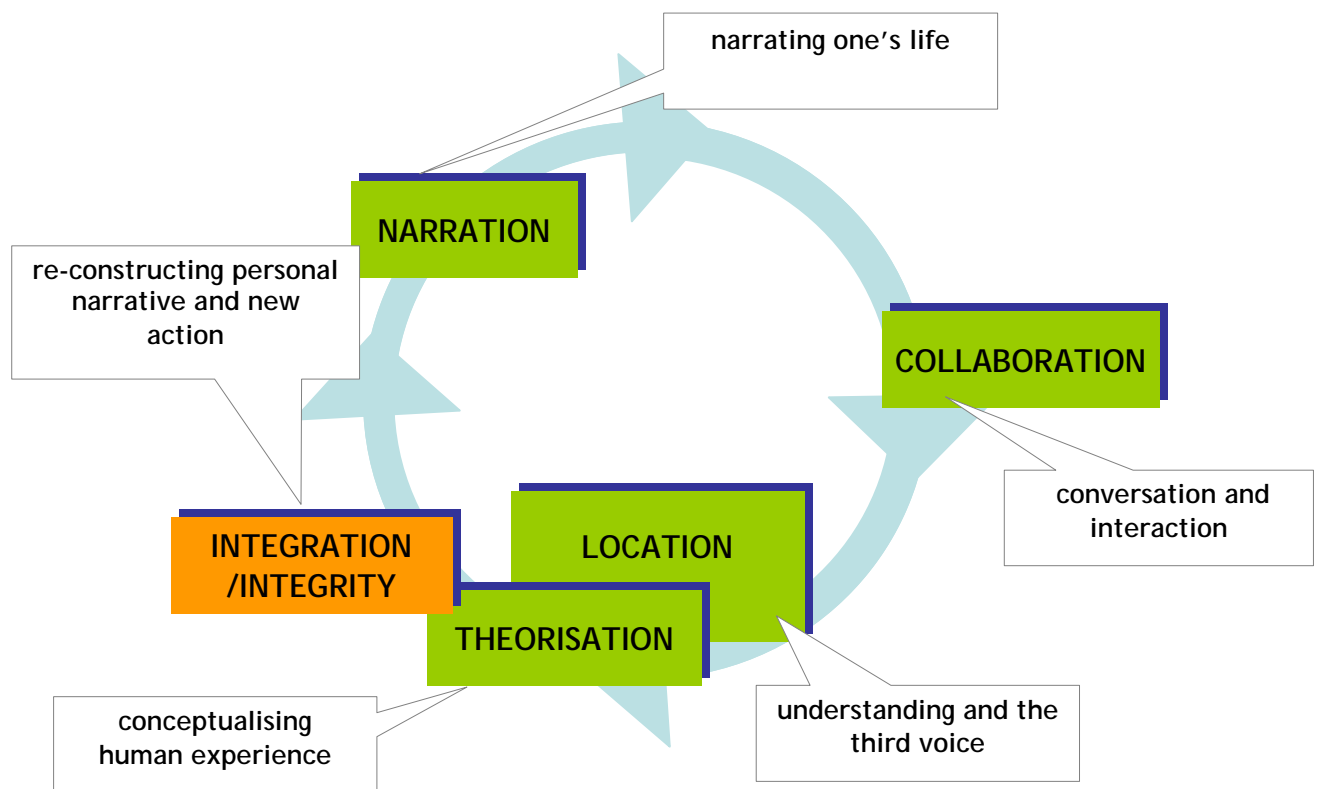


Figure 2: Spiral process of narrative learning (adapted from Goodson & Gill, 2011, p. 126)

Goodson and Gill (2011) advise that this transforming narrative pedagogy intersects at two interfaces. Firstly, it borders between the personal narrative and developing agency to chart a future course of action and secondly, between personal narratives and collective societal narratives. In essence, they state that “narrative pedagogy aims at employing strategies to empower people and expand their capacity to move from the internal affairs of narrative construction to the ‘external relations’ with others and with the wider world” (Goodson & Gill, 2011, p. 152).

The Practice of Storying

Whilst exploring the literature on the power of sharing and telling stories when working with young people, I discovered the work of Wierenga (2009) who asserts “young people who do not converse cannot construct” (p. 65). I was drawn to her interpretative

framework of 'storying' developed during her longitudinal doctoral study of young people in a small town in Tasmania (Wierenga, 2001). Her research study followed a group of young rural adolescents from high school to adulthood, examining what helps them establish meaning, livelihood and connectedness in constructing their lives. The research focused on both human agency and social structure and investigated how young peoples' lives are shaped by their community context including access to social and cultural resources and the importance of trust relationships. Drawing on narrative theory, Wierenga (2009) found that "young people's effective negotiation of conditions of uncertainty seems to depend increasingly on their capacity for reflexivity, which involves their capacity to make coherent sense of their circumstances for themselves" (p. 53). In essence she found that young people could not say where they want to go, because they don't know where they are or where they have been and that the stories young people tell of their lives are both enabled and constrained by access to the social and cultural resources within their community.

Like Goodson and Gill (2011), Wierenga (2009) claims that telling life stories is a social practice, an ongoing creative endeavor that has particular significance when working with young people. Her research led her to develop a 'storying the future' approach which she refers to as the "act of listening to, telling, re-telling or revising a story" (Wierenga, 2009, p. 54). Through young peoples' narratives she was able to explore how social inequalities are being constructed in individual lives and choices as well as how young people experience and negotiate their lives. Her research found that the types of resources young people seek and access were crucial to their ability to 'story' their futures, claiming that "social interactions enrich the individual's stories with shared meanings and thicken stories with new ideas" (p. 60). In this study Wierenga (2009) used interviews with young people to build up stories of identity, including the role community resources and networks play in young people making a life. She divides this approach along two continuous axes; first the focus of young people's

stories and source of ideas come from both local and global sources. She contends that young people's stories may include global references but are grounded within their local 'known worlds', possibilities and access to social and cultural resources within the communities in which they live. Secondly, the clarity of stories for the future which Wierenga (2009) describes as the consistency and coherency of a young person's narratives. A high degree of consistency includes dense, multilayered stories about themselves and the world around them. This is in contrast to unclear stories that are inconsistent, hazy and fragmented. Wierenga's (2001) PhD research findings proposed four ideal-types of cultural orientations (see Figure 3).

Focus	Global	Exploring Middle class & female working class	Wandering Working class, non-working working class Mixed gender
	Local	Settling Working class, more male than female	Retreating Female Working class & non-working working class
		Clear	Unclear
Stories of identity			

Figure 3: Four ideal-types of cultural orientation (Wierenga, 2009, p. 56)

Firstly, *exploring* young people have clear goals, high trust in relationships, broader world views encompassing a diverse source of ideas, and thus have solid identities and clear

stories. Secondly, *settling* young people have clear stories, high trust, and a local focus that encompasses a more homogenous source of ideas. Thirdly, *wandering* young people have a global focus, receiving diverse ideas from a variety of sources, including the mass media. However, they have a low trust of social sources and present unclear, fragmented stories. In essence, this group tells of destinations but is unable to provide the details or plan of action to get there. Fourthly, *retreating* young people have unclear identity stories, their world view focus is local and they have low trust of social sources.

Wierenga (2009) claims that although these four cultural orientations may be both political and exponential, they are not determinate. Her research found that young peoples' stories of making a life were enmeshed with other social and cultural patterns in their lives, including access to different resources, levels of engagement and their relationships with self and others (Wierenga, 2009). The use of storying as an interpretative framework has been successfully used in recent qualitative exploratory research projects in Australia, including a recent PhD study by Larkins (2007) who used "storying the future" to gain a contextual understanding of attitudes to teenage pregnancy and childbearing of young Aboriginal and Torres Strait Islander women in Queensland (Larkins, 2007). This method of inquiry has also been recommended in a report by Eckersley et al. (2006) examining pathways to success and wellbeing for Australia's young people, calling for researchers to generate theoretical and conceptual understandings of how young people negotiate their lives in different social contexts. The report advocates 'storying', as a powerful way of exploring adolescents' complex social worlds (Wierenga, 2001) suggesting that there are two distinct advantages to using this approach. Firstly, it empowers young people to feel a sense of control and choice over their destiny and to be the captain of their craft rather than being "at the mercy of social forces, blown about by wind and tide" (Wierenga, 1999, p. 198). Secondly, young peoples' stories and interpretations of contemporary youth issues can create inter-disciplinary dialogue

between researchers and policy makers. This can be translated into pragmatic practice, preventing further fragmented and inappropriate youth policy and service intervention (Eckersley et al., 2006).

Summary of Literature Review

In this chapter, I have searched the broader landscape presenting literature on how youth and more specifically young mothers are constructed in both health and social care literature and by the wider community. The consensus in the qualitative literature reviewed is contrary to dominant beliefs that negatively portray young mothers as a moral, economic and social ‘problem’. This literature review is consistent with Duncan’s (2007) review surrounding teenage motherhood suggesting that “teenage pregnancy may be more of an opportunity than a catastrophe, and often makes sense in the life worlds inhabited by the young mothers” (p. 307). This was affirmed in several qualitative studies suggesting that given a supportive context, pregnancy and motherhood can potentially be a transforming turning point in a young woman’s life. However, current social and health care policy and practice is informed by a deficit view of young motherhood, a view that neglects to consider the broader context of their life worlds. This deficit viewpoint perpetuates the widening gap between young women’s experiences of pregnancy and motherhood and health and social policy that directs service delivery and practice. In addition, the neoliberal, individualised view of health has fuelled a real and perceived stigmatisation of young mothers in mainstream health and social services, some research claiming it is because of a mismatch in values and misinformed notion of what is ideal and the ‘right type’ of support.

What was clearly evident from the literature was the vital role social support plays in young women’s experiences of pregnancy and motherhood, particularly in forming a positive motherhood identity. However, the majority of studies evaluating community services and programs for young mothers are quantitative, taking a simple, universally prescribed

intervention approach that provides little new information in how we can better support young mothers in the community. This paucity of research has been attributed to the difficult nature of describing the intangible aspects of support services that promote and foster a positive sense of self, identity and autonomy in young mothers. Health care interventions and programs that are multidimensional and customized based on each individual woman's needs and circumstances are more complex and therefore challenging to evaluate in relation to health outcomes (Azzi-Lessing, 2011).

Qualitative research studies that position young mothers as the 'experts' of their own lives consider the multidimensional experiences of young women as they transition to motherhood. To my knowledge, this study is the first known study that explores contextual narratives to identify the role of a community service in young mothers' lives including the core elements and community conditions that are required to scaffold young women's experiences as they transition to motherhood. For these reasons, a study of this nature is timely, adding valuable narrative knowledge to map the supportive structures needed to better inform and direct future social and health care policy, practice and service delivery, providing a clear justification for this study.

The methodology used for this study is presented in the next chapter, including the audit trail and rationale that guided my choices of research strategies and methods. I will also share my own journey in overcoming some of the challenges and ambiguities of 'doing' narrative research.

CHAPTER THREE – MAPPING THE METHODOLOGY

Introduction

The purpose of this research study was to explore through story how young women understand, experience and make sense of pregnancy and motherhood. As the literature review revealed the social construction of young motherhood is firmly bound within a deficit frame and further perpetuated by incongruent health and social policy responses. Narratives of young mothers are largely absent from the social and health care literature, in addition, the role community services play in scaffolding the young women's experiences of motherhood is relatively unexplored. Therefore, by gaining deeper understandings of what life is really like for young mothers, including their experiences within a community service, valuable insight may be gained into how young women negotiate their experiences and how social and cultural resources can scaffold these experiences as they transition to motherhood.

The methodological approach used in this research study draws on a range of interpretative perspectives but can be broadly outlined as a narrative inquiry. In order to situate the research study in a methodological framework, this chapter will describe the methodological decision trail as to why and how I situated myself throughout the evolution of the study by providing a clear rationale that guided my choices of research strategies and methods. This will be followed by a comprehensive discussion of the challenges and ambiguities I faced during my narrative research journey. These challenges included negotiating roles and relationships in the field, becoming an emotional participant and representing the 'other'.

Where to and Why? Background to my Research Focus

My journey to becoming a qualitative researcher evolved over a period of time and was fuelled by my desire to seek, hear and share real stories of young mothers' experiences in their community. Stories that would present an alternative view and bring about new and

fresh perspectives that de-mystify and dismantle the dominant deficit stories and discourses that predominate in the wider community and professional settings. The driving passion behind this research project was fuelled by my previous role as a youth health nurse working with young women and came out of “position of service to those among us who suffer most” (Clandinin & Rosiek, 2007, p. 64). I also wanted to provide a vehicle for young mothers to speak back and challenge the diminishing and damaging preconceptions and stereotypes that shape their lives and identities. Although my journey as a researcher did not begin with a specific philosophical orientation, I believe my worldview and thinking most appropriately sits in a social constructivist view of the world. Social constructivists seek understanding of the world through the subjective meanings of experiences by valuing the complexities of human lives (Creswell, 2006). Social constructivists acknowledge multiple socially constructed realities that are formed through interactions with others. Therefore, there is no “single truth” and thus any point of view or experience is equally valid and considered without inserting a socially constructed meaning or judgment.

Woven into my social constructivist worldview is the power of narrative in making sense and meaning of our lived experiences. Therefore, my thinking complements narrative knowledge, as Charon (2006) explains it is:

unlike scientific knowledge, which tries to discover things about the natural world that are universally true or at least appear true to any observer, narrative knowledge enables one individual to understand particular events befalling another individual not as an instance of something that is universally true but as a singular and meaningful situation (p. 9).

Qualitative Methodology

This research study used a qualitative research approach which Taylor and colleagues (2006, p. 7) define as research that “involves human consciousness and subjectivity, and which values humans and their experiences in the research process”. There are several common characteristics of qualitative research outlined by Creswell (2006) that are congruent

with the nature and purpose of my research study. These included using an interpretative inquiry to provide a holistic account to develop a complex, fuller picture and deeper understandings of the informant's life. Collecting multiple sources of data in a natural social setting; using an emergent design; allowing the research process to evolve over time and building patterns, categories and themes; using a "bottom up" approach (Creswell, 2006, p. 38-39) are all key characteristics of my study. These methodological features are echoed by Denzin and Lincoln (2008) who claim that qualitative researchers study people in the social world and:

stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry... They seek answers to questions that stress how social experience is created and given meaning (Denzin & Lincoln, 2008, p. 14).

This is supported by Holloway and Biley (2011) who suggest that qualitative researchers focus on "meaning over measurement" (p. 969) and must be able to present a good story. With qualitative methodology identified as a congruent fit to explore experiences of young mothers, it was imperative that I choose an appropriate research approach. In order to thoroughly answer my research questions, I needed an approach that would deepen the conversation with young mothers, empower them to share their stories, hear and advocate their voices whilst illuminating their lived experiences in the context of their everyday lives. It was also important to stay open to unexpected findings throughout the research process as Miles and Huberman (1994) affirm that strict allegiance to specific research frameworks can be limiting and constraining. This was articulated in a note of caution by Yardley (2008) who asserts:

Simply following guidelines cannot guarantee good research; qualitative research is not simply a descriptive science but also relies on the capacity to evoke imaginative experience and reveal new meanings-and this core quality is not easily captured by check-list criteria (p. 239).

My journey to 'becoming' a narrative researcher

Exploring this emerging paradigm of narrative research was a natural progression when deciding to embark on a PhD study. Foremost, as a nurse I advocate the humanistic qualities of honesty, respect, empathy, integrity, enhanced communication skills and critical thinking that is required in a narrative inquiry approach. I also have a passion for creative writing and am well-rehearsed in experimenting and being flexible with different narrative structures and forms. A narrative view of experience “fits” with my personal and professional worldview and perceptions, because it embodies the aesthetics of human experience and honors people’s stories and lives. However, working in the health care domain there is a strong focus on a negative view of human existence that pathologises problems. In searching the methodological literature, I was drawn to the Lawrence-Lightfoot and Hoffman Davis (1997) inquiry of portraiture that “begins by searching for what is good and healthy and assumes that the expression of goodness will always be laced with imperfections” (p. 9).

Like the young women in my research study, the methodology and conceptual lens guiding this research was always “becoming” and moving forward throughout the research process. This study began as ethnography but as I began my fieldwork and started observing and collecting stories from the young mothers, I discovered that it did not completely satisfy the overall purpose of the study. I had to adapt as the changes in my understanding deepened and the research evolved. Although I drew substantially on interpretative ethnographic methods of data collection, including participant observation early in my fieldwork, my focus quickly shifted to the young women’s experience as lived and told in stories. The organic interweaving of my own personal story illuminated the co-constructed nature of witnessing, acknowledging and sharing stories in the field, becoming the conceptualization anchoring point to which this thesis is based. Narrative inquirers are almost always autobiographical as interests and motivations emerge out of our own personal and professional narratives of

experiences. Therefore, I have chosen to write in the first person because I am the author of this story and have chosen to interweave my personal story throughout the thesis in order to indicate my presence and represent the personal and social component of working in the narrative inquiry space.

Narrative Inquiry

Social researchers have become increasingly interested in narratives or stories which they refer to as the “narrative turn”. Narrative inquiry offers an alternative approach to understanding human experience in a social world whilst also considering the interrelated relationships of self, social, political, historical and community dynamics. It achieves this by encouraging research informants to provide accounts of personal experiences and meanings through the use of storytelling. These meanings are implicit and can only be made explicit through narrative and narration (Goodson & Gill, 2011). Narrative and story (both used throughout this thesis) are used interchangeably in social science research and share three common features; firstly, they are temporal as they cover a sequence of events. Secondly, meanings and personal significance are externalised by sharing one’s lived experiences through story. Finally, all narratives are shaped by the relationship between the teller and the listener (Goodson & Gill, 2011).

Narrative researchers view social phenomena holistically and employ a hermeneutic approach when shaping and interpreting phenomena. In essence, narrative understanding is a hermeneutical project at the heart of which lies transformative potential as the narrative encounter encourages a ‘dialogue with the world’ that shapes individual meanings and understandings of human experiences (Goodson & Gill, 2011, p. 74). It has, therefore, been argued that narrative is both a method of inquiry as well as the phenomena as individuals are leading storied lives under research.

As a novice researcher, the open-ended and flexible nature of a narrative inquiry initially made me anxious as I found myself clinging to the structural safety of more traditional qualitative methodologies. I was relieved when I read the words of Clandinin and Connolly (2000) that speak of their experiences of narrative research and recommend to:

fight against an urge to lose ourselves in the wonders and complexities of various methods. There was a kind of seductiveness that threatened to wrap us into the ideas and concepts that drove the method...we do not think it is very helpful to begin with a search in which we sort and place theoretical methods besides one another (p. 128).

So, out of my comfort zone but staying true to the nature of narrative inquiry, I returned to my fieldwork and began with a more grounded, exploratory approach immersing myself in the experiences as lived and told in the stories of the young women. During this early fieldwork and data collection I was mindful to stay open, allowing for a more organic evolution of narrative understandings and view of experience. As Clandinin and Connolly (2000) remind researchers people are:

never only (nor even close approximation to) any particular set of isolated theoretical notions, categories, or terms. They are people in all their complexity. They are people living storied lives on storied landscapes. Part of the narrative inquirers doubts come from understanding that they need to write about people, places, and things as *becoming* rather than *being*.” (p. 145).

While navigating my way through the abundant literature on narrative theory and research I was drawn to the notion of a three-dimensional narrative inquiry space. This research study lies in the experience of growth and transformation in the stories lived and told by the eleven young mothers in the community and thus resides in a three-dimensional narrative inquiry space that is “located somewhere along the dimensions of time, place, the personal, and the social” (Clandinin & Connelly, 2000, p. 144). The three-dimensional narrative inquiry space consists of three terms, the:

personal and *social* (interaction); *past*, *present* and *future* (continuity); combined with the notion of *place* (situation). This set of terms creates a metaphorical *three-dimensional narrative inquiry space*, with temporality along one dimension, the personal and the social along a second dimension, and place along a third. Using this set of terms, any particular inquiry is defined by this three-dimensional space; studies

have temporal dimensions and address temporal matters; they focus on the personal and the social in a balance appropriate to the inquiry; and they occur in specific places or sequences of places (Clandinin & Connelly, 2000, p. 50).

In addition, the authors describe the four directions of narrative inquiry *inward* and *outward*, *backward* and *forward*:

By *inward*, we mean toward the internal conditions, such as feelings, hopes, aesthetics reactions, and moral dispositions. By *outward*, we mean towards existential conditions, that is, the environment. By *backward* and *forward*, we refer to temporality-past, present, and future. We wrote that to *experience an experience*-that is, to do research into an experience-is to experience it simultaneously in these four ways and to ask questions pointing each way. Thus, when one is positioned on this two dimensional space in any particular inquiry, one asks questions, collects fieldnotes, derives interpretations, and writes a research text that addresses both personal and social issues by looking *inward* and *outward*, and addresses temporal issues by looking not only to the event but to its past and to its future (as cited in Clandinin & Connelly, 2000, p. 50).

This research study adopts the three dimensional inquiry spaces by looking *backward* to the past of the young mothers including stories of growing up, their present experiences of pregnancy and motherhood and *forward* to who they are becoming and their hopes and dreams for the future. I will look *backward* to my own past as well as *forward* to my experience of the research experience and my changing awareness and perspectives as my understandings of the young mothers' lives deepened and I began to re-script new personal and professional stories for my present time and place.

This thesis will also look *inward* to the young mothers' internal feelings as they describe their experience of pregnancy and motherhood as well as *outward* to their social interactions at the Happy Hut and wider community. I too will look *inward* to my personal motivations for undertaking this research and *outward* to the underpinning social justice principles that direct my community health nursing practice. This research study will look *outward* to the social significance of this project, including the impact it may have on how we plan and deliver health and social services for young mothers in the future. The research will also situate the young mothers' experiences at the intersection of looking *inward* and within

the third dimension of *place*, as a contextual focus on stories lived and told at a community house called the Happy Hut will be explored.

Place

The element of *place* within the narrative inquiry space will be explained in the context of my research study. From the outset of this research study, my intention was to listen *for* the stories told in the context of the young women's lives. The young mothers' stories were collected and explored at a case study site, the Happy Hut, a community service the young mothers were attending in the Peel region of Western Australia. A detailed description of the history and services offered by the Happy Hut will be presented in Chapter four, locating the case study site. However, when working in a three dimensional narrative inquiry space, it is vital that data and information about the context of the stories are collected; including situating the stories within the individual's personal experiences and *place*. This is important because a person's experience can shift depending on the individual's context. Context is, therefore, a powerful resource that acts as a reference point to place people and action in space and time, providing a rich resource for understanding and illuminating valuable cues to how informants negotiate and understand their experiences (Lawrence-Lighfoot & Hoffman Davis. 1997). Goodson and Gill (2011) provide a strong argument for using narrative inquiry when exploring contextualized meanings and experiences of stories lived and told, stating that "identity is also constructed through a process of interaction between people and institutions and the concepts of time and space/location must be taken into account when discussing identity" (Goodson & Gill, 2011, p. 9).

Narrative research explores cases of individual and/or groups and is thus a form of case-centered inquiry. Collecting the young mothers' stories at a case study site, the Happy Hut, allowed me to explore the temporal, personal and social dimensions as well as the

interplay of ‘community space or place’ and the role it can play in scaffolding the young mothers’ experiences as they transitioned to motherhood. In order to explore the specific role of the Happy Hut, and elicit the young mothers’ experiences and meaning within this community context, I drew on methods of qualitative case study design, which is employed in order to study a complex phenomenon within context, using a variety of data sources (Baxter & Jack, 2008). Case studies are the preferred method when (a) “why” or “how” research questions are posed; (b) the researcher has no control over actual behavioural events; and (c) the focus is on a contemporary phenomenon that occurs within a real-life context (Yin, 2009). Relevance and legitimacy of using a case study methodology is well documented in health and nursing research (Baxter & Jack, 2008). Using the Happy Hut as a case study site to collect the young women’s stories was advantageous because they felt comfortable and safe within this community space. Over the seven months of fieldwork, a trusting relationship grew, producing a valuable space for the young mothers’ stories to be reflected, recounted and retold. The intimate relationships formed with the young mothers was the key to deeper understanding of what life is really like for young mothers, an experience that may not have been possible within the closed constraints of mainstream health and social services that can precipitate distrusting relationships.

The Power of Story

All sorrows can be borne if you put them into a story or tell a story about them
(Dinesen, as cited in Wilkinson, 2004)

Narrative or storytelling dates back to Greek mythology. As humans we cast our identity in a narrative form as a way of expressing ourselves and our world to one another in different forms, including both literature and art. My first introduction to the power of storytelling was when I saw the powerful artwork of Paul Gauguin, a French artist who, in 1897, posed some fundamental questions in his artwork titled: Where do we come from?

Who are we? Where are we going? With this painting in mind and searching for an appropriate method of data collection, I discovered Jerome Bruner's (2004) seminal work 'Life as Narrative'. He suggests that people make sense of their past, present and future lives by the roles they see themselves playing in the unfolding storylines of their life. A constructivist way of looking at the world views that these "stories" are not fiction but rather the constructed accounts of key life events and our interactions with others (Bruner, 2004).

If life is lived through the stories we tell then it must also potentially allow individuals to adapt, shift and modify their stories, transforming their lived experiences. This goes to the very heart of the power of story, as a vehicle to order, structure and direct one's life in more meaningful and integrated ways (Goodson & Gill, 2011). Bruner (1991) concurs, suggesting that the very act of telling a story carries the possibility that we can re-author alternative and often preferred stories of our lives. According to White (2007), a leading narrative therapist, narrative work involves the individual separating the self from the story so the story resides in an external space. This space not only provides the means for communicating our lives to one another but also presents a strong foundation for change and growth in the storyteller. This externalized space encourages the storyteller to explore alternative understandings and re-script different stories for their lives. For the audience, in this case the researcher, it provides valuable, contextual information of the complex and intimate experiences of another person's life. This space, created by story, makes it accessible to interpretation for researchers whilst also having significant therapeutic value for both storyteller and researcher (Lysaght, 2009). The interface between narrative research and narrative therapy has been documented by several research scholars including Lysaght (2009) and Goodson and Gill (2011) and will be discussed further in my methodological reflective field notes.

In essence, narrative approaches value people as the experts of their own lives and view their problems as separate from the individual. The act of telling and retelling the stories

we live by is a powerful catalyst for change. Health and social literature has recently begun to explore narrative approaches to working with disadvantaged communities, an approach the Dulwich Centre (n.d.) states: “question pathologising practices, refrain from locating the problem in the person and instead locate the problems in people’s lives in their broader social context”. A narrative approach that empowers individuals and communities to make informed decisions and create sustainable social change is a primary health care principle and key role of community health nurses.

In the context of my research study there were three distinct advantages to using a narrative approach to collect my data. Firstly, it provided the space for the young women to witness and acknowledge their own and other young women’s stories of pregnancy and motherhood, often for the first time. The act of inviting and sharing stories is powerful in forming bonds and supportive networks and developing resilience in storyteller, listener and reader of narrative accounts (East, Jackson, O’Brien & Peters, 2010). Telling one’s story can also increase reflective and narrative capacity, a key feature of enhancing personal agency. This is supported by Wierenga (2009) who states:

When individuals’ stories about ‘past, present, future and me’ are not clear, they have neither the full benefit of backwards references (building on history) or forward references. They miss out on some of the most significant tools with which to pro-actively and/or creatively (imaginatively) engage with the future (p. 55).

Secondly, a narrative approach enabled me to explore how the young women’s stories are embedded in the context of their lives. There are very few studies on how young mothers make sense of their pregnancy and motherhood experiences, in particular how ‘they draw on, resist, and/or transform those discourses as they narrate their selves, experiences and realities’ (Denzin & Lincoln, 2008, p. 68). Thirdly, the contextual stories resided in an external space which allowed me to make meaning out of the stories lived and told. This was beneficial when exploring how stories are enabled or constrained by a range of circumstances including social and cultural resources in the community. By deconstructing the story content

it allowed me to reconstruct the stories into a “grander narrative” providing valuable and alternate understandings of young mothers’ experiences and the role community services play in scaffolding the young women’s experience as they transition to motherhood. This provides a clear justification for using this approach in the research project.

Trustworthiness of Narrative Research

In this section, I will offer and respond to some critical comments on narrative inquiry as drawn from the literature. In many ways narrative inquiry is still in a state of development, as it sits at the “boundaries of reductionist and formalistic modes of inquiry” (Clandinin & Connelly, 2000, p. 184). This has made it susceptible to criticism because of the intersubjective nature and quality of this type of inquiry. Stories are susceptible to cultural, interpersonal and linguistic influences, however, as Bruner (2004) argues this is the very paradoxical nature of using autobiographical accounts of peoples’ lives claiming that:

This susceptibility to influence may, in fact, be the reason “why “talking cures”, religious instruction, and other interventions in a life may often have such profound effects in changing a person’s life narrative...The heart of the argument is this: eventually the culturally shaped cognitive and linguistic processes that guide self-telling of life narrative achieve the power to structure perceptual experience, to organize memory, to segment and purpose-build the very “events” of a life. In the end, we *become* the autobiographical narratives by which we “tell about” our lives (p. 694).

My research approach to exploring the world of young mothers aligns with Lawrence-Lightfoot and Hoffman Davis (1997) perspective that asks “what is good here” instead of the traditional health research models that seek out “what is wrong and whose fault is it”. In doing so, a different reality that has been previously portrayed emerged, an alternate story of hope and possibility. However, I also needed to be a little cautious so as not to portray what Clandinin and Connelly (2000) term the “Hollywood plot” whereby everything works out in the end. I needed to make a series of important judgments about how to balance the research perspective, stay alert and record both the “sparkling moments” and the “tragic tales” in the

young women's told and untold stories of their lives and motherhood experiences. Clandinin and Connelly (2000) describe the importance of the narrative critic and recommend being alert and aware of questions and decisions that may arise when undertaking a narrative inquiry approach; a process they call 'wakefulness' (Clandinin & Connelly, 2000).

In my attempt to remain 'wakeful', I drew on research literature as a continual reference point to guide the trustworthiness of this research project. This included Creswell's (2006, p. 214-215) elements of a 'good' narrative study that include the following elements; collecting stories from a variety of individuals on a significant issue in their lives; explore chronological accounts that connect different phases of the story; tell a story that re-stories the participant's story in a persuasive and literary way, and, engage in reflectivity throughout the duration of the study.

The trustworthiness of the data and interpretations from this study were also maintained by articulating my personal assumptions and biases transparently; documenting my methodological awareness, challenges and decision trail; providing information on both the context and verbatim quotations of the young mothers' accounts, and clearly documenting the ethical considerations and theory that have influenced how I interpreted and storied my findings. In ensuring the trustworthiness of this narrative research, I also drew on ethnographers Ellis and Bochner (2000) who developed an aesthetic and emotional criterion for validity in qualitative research stating that:

The narrative rises or falls on its capacity to provoke readers to broaden their horizons, reflect critically on their experience, enter empathetically into a world of experience different from their own, and actively engage in dialogue regarding the social and moral implications of the different perspectives and standpoints encountered (p. 733-767).

In many ways I must wait and see if my research project resonates with the reader and succeeds in shifting the audiences' perceptions of young mothers. As Cutcliffe and McKenna (1999) suggest a qualitative nursing researcher's strength "lies in making practitioners think

about their practice in creative and interesting ways” (p. 376), a key aim of this research study.

The trustworthiness of this qualitative research will not be achieved until I publish in appropriate journals following submission of this thesis. However, until then, I have offered in the section above some transparency by detailing the path taken. This includes my methodological decisions and describing what influenced my narrative view of the young mothers’ experiences, including the emergence of alternative narratives (Riessman, 2007). In the next section, I will describe three main challenges I encountered during the research journey offering a portrait of the multi-layered and often complex experience of ‘doing’ narrative research.

The Challenges of ‘Doing’ Narrative Research

If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I, too, must come to know my own story (McAdams, 1993, p. 11).

When I embarked on this research journey, I was completely unaware of the trials and tribulations that lay ahead. As I write this chapter, my daughter is learning to walk which in many ways parallels my research and learning journey, from the safety of crawling to the excitement of one’s first steps and the vulnerability of falling down and determinedly getting back up again. In this section, I will discuss some of the complex issues and often quite personal challenges I faced during this research process. This research has been so much more than merely collecting and translating young mothers’ stories, it has been an exquisite learning journey that opened my personal narrative to new questions and deepened my own narrative and understandings around questions such as: Who am I? Am I more than the roles that I play in my life? What and who has shaped my personal and professional journey? What fuels my desire to work with young mothers in this way?

Throughout my research study, I recorded my internal dialogue and reflective questioning in detailed field notes, in essence recording my experience of the narrative research experience. This was part of the reflexive process, an essential element of the rigor required in qualitative research and is defined by Creswell (2006) as the consistent conscious examination of one's own professional and personal biases, values and experiences that the researcher brings to the qualitative research study. By definition, I achieved this outcome; however, the term reflexivity seemed so impersonal, minimizing the depth and impact of my narrative experience and learning journey. I found an alternative style that offered a more panoramic and holistic view in Robert Nash's (2004) book 'Liberating Scholarly Writing' encouraging academics to narrativize their personal experiences of research. He challenges scholars to "take risks to delve deeply into your lives and then go public with the results; and that you can narrate all of this with passion, intelligence and compassion" (Nash, 2004, p. 24). Writing scholarly personal narratives was an important process as I continually "dialogued with the world" in order to grow my narrative understandings in the midst of a diverse set of stories – both mine and the young women's (Goodson & Gill, 2011), offering a vital ingredient in maintaining the integrity of my research study.

The following pages will expose some of the key moments and struggles I encountered throughout this research process. I have chosen to portray my stories in chronological order to take the reader on a journey of discovery, as my awareness and understanding grew and I began to accept and enjoy the ambiguities of "doing" narrative research. The process of working through these research challenges has not only led me to find the young mothers' voices but also led me to seeing myself in new ways and discovering my own authentic voice as a novice researcher. Goodson and Gill (2011) would refer to this as the "third voice", the joint voice of collaboration from those involved in this narrative research, myself, my supervisors and the eleven young mothers who shared their stories.

Challenge 1: Negotiating roles and relationships in the field

From the beginning of my research, I had planned to maintain a marginal position as an objective observer in the field. Before commencing fieldwork at the Happy Hut I had read textbooks on ethnographic observation during fieldwork, including Hammersley and Atkinson's (1995) advice not to become 'too familiar' or develop an 'over-rapport' with the participants. However, I discovered quickly that it was a naïve illusion that I could separate the "who I am" from my research experience. This is reflected in one of my early journal entries:

Some new girls arrived at the Happy Hutt and I found that a good opener was talking about their babies. The young women's faces would light up and openly share stories about their lives and their children. I wondered whether it was appropriate to share my experiences as a woman and mother in building trust and rapport. I feel surprisingly connected with these new young mothers, as some of their stories resonate with my own motherhood experiences. However, I am finding it difficult to stay grounded in a role as I am constantly aware of my positioning, locating my fleeting self between youth health nurse, facilitator, friend and an objective researcher role I wanted to inhabit (Field notes, 6th May, 2010).

This journal entry highlights my growing awareness of the ever changing landscape of doing social research in a real life context. As the research process evolved to a more narrative focus, I came to accept the importance of understanding and reflecting on the complexity and nature of encounters in social research. Furthermore, I began to acknowledge and recognize that it is impossible to:

completely suspend power relations and stratification and other issues in the world. It is just not possible. This kind of encounter forces the researcher and those being researched to confront issues together in an open communication. That is the supreme virtue of this form of research process (Goodson & Gill, 2011, p. 46).

I came to realize that in using a narrative approach to explore young mothers in a community service, I had become part of the daily life of the Happy Hut and, therefore, had to accept that I too was part of the social interactions and experience I was studying. I was able to draw on the words of Clandinin and Connelly (2000) who call for researchers to find a balance or a relational distance between engaging fully in the field experience but also to "step back and

see their own stories in the inquiry, the stories of the participants, as well as the larger landscape on which they all live” (p. 81). This was achieved by embracing and balancing both an analytic distance and acknowledging my humanness as a co-participant in the research process. In many ways, this practice is similar to what Street (1995) refers to as ‘collaborative dialogue’. This notion was further elaborated in Aranda and Street’s (2001) narrative nursing research that explored how the use of narratives “has the potential to enrich professional lives of those involved, while simultaneously enhancing the development of nursing knowledge” (p. 797).

Negotiating roles and relationships was also tested in my fieldwork as on several occasions the young women recognised me from several years prior when I was working at the local high school as a youth health nurse. This experience prompted me to question the significance of power relationships with the young women. I did not want to be positioned as a health professional by the young women because I felt that it may exacerbate an unequal power relationship. It would be detrimental to issues of trust which, in turn, would affect my data collection and relations in the field. The dilemma then arose as to whether to provide health information and advice when requested by the facilitators or the young mothers. After discussion with my supervisors and careful consideration of how this decision would affect my relationship with the young women and the data I was collecting, I decided that it was my ethical and professional obligation to respond to any direct request for health information in an informal manner. This blurring of the boundaries and dual role of the researcher and health care professional has been documented by many social researchers (Coy, 2006).

Another professional ethical role conflict I had not anticipated was that I would observe an incident that was unsafe and could potentially harm a child. During one of my observational periods of a Life after Birth program, I met a young mother who had ongoing involvement with Family and Children Services, including the removal of her two older

children from her care. She arrived at the program with her third child, a six week old daughter fathered by her new partner. Her history was originally given to me by one of the facilitators who asked me to keep a watchful eye and give an objective opinion on her parenting techniques as concerns had already arisen:

I am finding it increasingly difficult to interact with one of the mothers in this group. Alarm bells are ringing in my head and I have an uneasy feeling about how this mother is caring for her daughter's needs. Today, after the program she stayed for lunch. I tried not to show my surprise when she started feeding her daughter solids at such a young age. It was difficult being in a conflicting situation. Should I say something? I decided to mention that babies don't need solids until 6 months of age in an informal, non-judgemental way. She informed me that the information given was the same as what "the department" had said too. She added "but I told them that I am the mother and I know what is best for my child". As the baby gurgled and gagged on the solids, I asked if she had visited her child health nurse. I was relieved that she was visiting the nurse the next day and the appropriate authorities were monitoring her progress. It seemed to alleviate my ethical dilemma (Field notes, Tuesday 15th June 2010).

Following these initial challenges I started to approach and negotiate my roles in the field in a more flexible way. I began to embrace the shifts and changes that come from interpreting the young mothers' experiences from different perspectives; that of a health professional, researcher and mother. I began to enjoy the process of watching the growth and transformation in both my own and the young women's life stories whilst remaining aware of my many and varied roles.

Challenge 2: Becoming an emotional participant

Lucy, a young mother with three daughters, was expressing her sadness at feeling judged by the older mothers at the local church-led mothers' group. She turned to me and said:

as women we both made choices; it doesn't matter if you are twenty or forty when you become a mum, you are learning and feeling your way through just the same (Field notes 11th May 2010).

Just as I was starting to feel more comfortable in negotiating my multiple roles, I discovered that I was pregnant with my third child. Lucy's words reverberated in my thoughts and in my

heart, as I unintentionally became a research insider, with a firsthand perspective on a pregnancy experience. Many female researchers have documented how stories resonated with their own personal experiences and how this can evoke an emotional response in the researcher (Lysaght, 2009; Luttrell, 2003). Lysaght (2009) refers to this as becoming an “emotional participant” and recommends using the experiences to add another dimension and enrich the data analysis, contributing to a new “way of knowing” that may not have occurred without inside understanding. My own developing awareness and fresh insights and perceptions were captured in my reflective journal entry below:

Today I had an ‘ah ha moment’: you know those valuable fleeting glimpses of unconscious, unexamined thought patterns or behaviours which provide clarity, insight and a new way of learning and representing the world around us. Over the last few weeks at the Happy Hut, I observed many of the young women engaging in unhealthy behaviours; eating certain foods that should be avoided due to the risk of listeria, smoking cigarettes and consuming large amounts of caffeinated coffee. Over the weekend, I found out that I am pregnant with my third child and it was already impacting on how I viewed these young women. While making a cup of tea before the program, I dunked the tea bag twice in the hot water and then discarded it to weaken the caffeine levels in my cup of tea. As I walked out of the kitchen to join the young mothers in the program, I felt different. Why do I re-dunk my tea bag and they don’t? I started to question whether my previous observations had been non-judgmental. Do I see myself as “better” or more “informed” than these women? Have I been observing these young women through my middle class, health professional ‘I want to fix you’ world view lens with silent judgment? How has this affected my data collection so far? Maybe the young women I find the hardest to connect with have picked up on this? No wonder these young women have reported a mistrust of health authorities, and quietly displayed acts of resistance by not engaging in mainstream health and social service. No wonder we have got it so wrong! (Field notes 22nd July 2010).

As described in my field notes, the tea bag incident provided the catalyst for “losing the plot”, my plot! I realized that I had been collecting data through a health professional, researcher lens and it had limited my ability to really see and understand what life was like for these young mothers. I had stated earlier in the thesis that I wanted to be open. However, I realized that I had not been able to suspend all of my own biases, and subsequently, had not been able to see or hear their stories. Holloway and Freshwater (2007) suggest that this lies at the heart of narrative research in nursing, as it enhances health professionals’ (who often hold

master narratives that are rooted in society's more privileged groups) understanding of vulnerable groups. The authors state that:

Narrative research creates an opportunity not just to understand vulnerability in its diversity and complexity (content of the relationship), it also provides scope for an approach to research that appreciates and recognises vulnerability, thus making visible the power dynamic and at its best exposing the uncertain reality contained within the ethical processes (equity of the relationship). Finally, narrative research with vulnerable individuals permits nurses to engage with their own vulnerability, person to person and human to human (dynamic of relationship) (p. 710).

This is affirmed in Luttrell's (2003) experience of research that sharpens a researcher's powers of empathy and observation stating "what we are able to know depends upon attention to interpersonal encounters and how well we know ourselves in our ethnographic relationships" (p. 152-153). Denzin and Lincoln (2008) claim that many narrative ethnographers have written about similar experiences, displaying their vulnerability in research text. These discussions have led to some criticisms, namely being self-indulgent or 'airing dirty laundry' that is not appealing to the wider research community. However, I refute this argument by suggesting that researchers need to understand themselves in order to understand how they interpret other people's stories which Denzin and Lincoln (2008) claim "aim to undermine the myth of the invisible omniscient author" (p. 77).

I felt in many ways that to honour the young mothers' stories I had to honour my own, including all of my pre-conceptions and prejudices that I may have held from my middle-class upbringing. I began to acknowledge and examine my own belief systems that had structured and shaped my life, my relationships and my career choices. Although I lectured at university about social justice, primary health care and health inequities that exist in communities, an unconscious part of myself was still substantially influenced by "individualism" and the process of "victim-blaming". A healthy sense of shame prevailed as the contradiction in my own thinking and being became clear. I had been unconsciously perpetuating the inequities these young women face, the very thing that I wanted to challenge

within my community. This is described by Gadamer (as cited in Goodson & Gill, 2011, p. 79) as part of the nature of the narrative encounter as previously:

undetected biases and prejudices, uninterpreted and un-negotiated meaning, as well as new insights, might thus progressively unfold about both the person and about what 'speaks' to the person regarding their efforts and their life goals. This unfolding can be surprising, disquieting, challenging or inspiring.

Exposing my personal "secret stories" and making them public is all part of the 'doing' of narrative inquiry as Clandinin and Connelly (2000) state it is impossible "as researcher to stay silent or to present a kind of perfect, idealized, inquiring, moralizing self" (p. 62).

The exquisite irony inherent in this challenge was that the young mothers I thought I was "better or more informed than," ended up teaching me, providing me with a precious gem of knowing, a revelation that will assist me in becoming more of the person I want to become. Following this experience, I was somewhat relieved when my reading on narrative research led me to Connelly and Clandinin (1990) who draw parallels to the researcher's unravelling story with narrative therapy proposing that:

perhaps the researcher herself...can derive meaning from the stories and the storying process, and can begin to 'create a new story of self, which changes the meaning of the event, its description, and its significance for the larger life story the person may be trying to live' It is also a dialogic process in which the researcher constructs and re-constructs her own identity (as cited in Goodson & Gill, 2011, p. 24).

This dissolution of my own story allowed me to truly bear witness to the young mothers' stories as demonstrated in my field notes following the incident:

I can't explain the 'shift' that has occurred in my relationships with the young women. It is like my new way of seeing has released my invisible mask of hidden judgment that was contributing to the young mothers' wariness of me. Today, as I sit in the circle, I am energetically included as 'one of them,' a trusted peer as they share their stories. Why? Is it because I am hearing and seeing through a new lens or have the young women unconsciously felt my energy shift and, therefore, feel safe and open in their communication with me and others in the group. Either way, I am excited as I sit and embrace their generosity and absorb the richness and breadth of their stories. I am on an inward bound journey to a deeper understanding of my own story so that I can truly bear witness to their lived experiences (Field notes 29th July 2010).

Following this probing insight, the tables turned, the young women's stories took on new meanings and they were teaching me. The true nature of reciprocity in research was revealed as I began to honor and locate my story within the research relationship, a process Richardson and St. Pierre (2008) claims "can evoke deeper parts of the self, heal wounds, enhance the sense of self-or even alter one's sense of identity" (p. 482).

Challenge 3: Representing the "other"

One of the many challenges facing narrative researchers is the task of representing another human's story whilst respecting and preserving the complexities of their lived experiences. My frustrations and reservations on how I was going to represent the stories of the eleven young mothers in my research was echoed in Luttrell's (2003) words during her ethnographic research project of young pregnant women finishing school:

And it would seem that it is my responsibility to offer a framework of interpretation and action, understood not as yet another fixed "truth" but as a means for understanding and facilitating the process of becoming and being made (Luttrell, 2003 p. 170).

This frustration and internal dialogue of questioning was captured in my reflective journal entry below:

Last week I spent hours neatly boxing and assigning alliterative words to the main themes to describe the young mothers' experiences. However, today when I returned to the Happy Hut to discuss these findings with the coordinator, facilitators and young mothers, it suddenly occurred to me that I was not honouring their stories if the young women I interviewed could not understand the 'scholarly' words I had assigned to their personal lived experiences. I had not only fragmented their lives and experiences into manageable thematic compartments but neglected to stay loyal to the uniqueness of their stories. As Watts (1993) declares, there is something ugly about taking another's story and working it to the point where they may not recognize it anymore. I sat in the carpark at the Happy Hutt with a sense of apprehension around showing the young women the themes and biographies I had written. What if they did not agree with my observations and understandings? What if I had seen and written about unconscious behaviors or traits that they had not previously examined or acknowledged in themselves? Is this respectful or is it my judgment? How does this affect my interpretations of the data and are they still justifiable? (Field notes August 10th 2011)

Throughout the research process I had developed intimate relationships with the young mothers; their stories were so much more textured than the categorical representatives I had assigned. This tension was further heightened because I wanted to cut across all of the young mothers' narratives of experience in order to present a generalizable theory about young mothers' experiences of pregnancy and motherhood, especially in relation to the role community health and social services play in scaffolding their experiences. This is part of a researcher's dilemma; balancing between finding my own voice, representing the young women's voices and creating a thesis that will not only 'speak to' but also be judged as 'good enough' by the research community (Clandinin & Connelly, 2000).

This led me to further question whether I would be disempowering the young women by not consulting with them in this key part of the research interpretation and analysis process. As Goodson and Gill (2011) warn:

Once the researchers put things into an academic framework, there is such perceived authority in what they produce that it immediately overpowers the participants. They look at the text and they don't understand how just one aspect of their personal stories has now acquired layers of interpretation and theorisation. They don't know how to relate to this project any more but are in awe of what the research has been able to do with their stories. Most participants might venture to disagree with part of the transcript but rarely disagree with the interpretation or theorisation. It must be right, in their minds, as researchers are seen as people with powerful rationalizing intellects. In this way, there is no equal partnership between the researcher and the researched from the outset. The researcher holds the power of knowledge, and acts as the knower, while the storyteller is overwhelmed by the power of academe and acts as the information provider (p. 43).

Whilst returning to the Happy Hut several times during the analysis phase and consulting with both the facilitators and some of the eleven young mothers who remained at the Happy Hut, the majority of analysis, interpretations and presentation of the research text occurred after exiting the field. However, I tried to counteract this challenge by using the words of the young women in the emerging themes, a recommendation by Cutcliffe and McKenna (1999) for establishing credibility of qualitative research findings.

Summary of Chapter

In this chapter, I have described the qualitative methodological choices made during the evolution of this study. As this chapter reveals, this research study draws on a range of interpretative influences, but can be broadly outlined as a narrative inquiry. This was followed by a comprehensive discussion of narrative inquiry and the element of place within the inquiry space to gain a contextual view of young women's experiences of pregnancy and motherhood. Finally, I document and discuss the challenges and ambiguities I faced during my narrative research journey. The following chapter will present the methods, including the actual steps and procedures taken and strategies used for gathering and analysing the data.

CHAPTER FOUR – METHODS

Introduction

This chapter will describe the methods used, including the data collection techniques and analysis. The previous chapter identified my methodological approach to this study. It argued that the study required a narrative approach to achieve the research goals: to explore how young mothers make sense, understand and experience pregnancy and motherhood in a community context. The implementation of my research study, including the process of data collection, will be presented in chronological order using an adapted version of Creswell's (2006) data collection circle (refer to Figure 4). Ethical considerations will be discussed, followed by a detailed description of my approach to data analysis and interpretation.

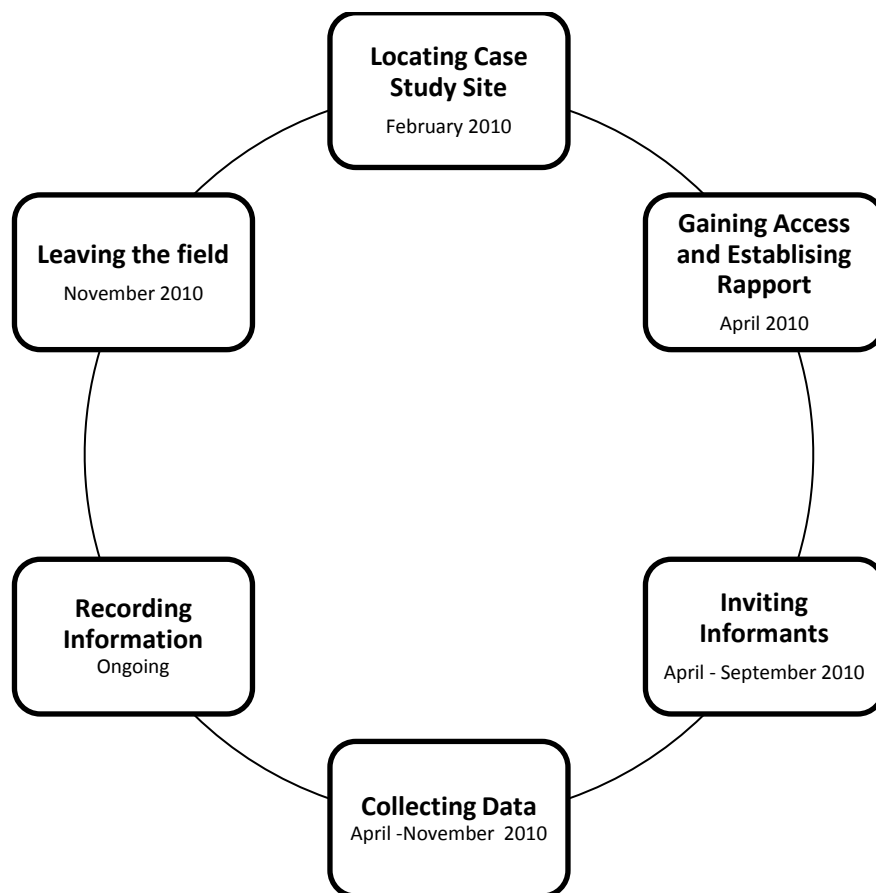


Figure 4: The Data collection circle (Adapted from Creswell, 2006, p. 118)

Locating a Case Study Site

Background and setting

The Happy Hut is located in the Peel region and with an average annual population growth rate of 3.9% it is currently the fastest growing region in Western Australia. In a recent report titled Peel Away the Mask II exploring the social conditions of the Peel region, several social issues of concern were highlighted. These included the region's unemployment rate of 7.0% which is substantially higher than the state average of 4.4%, and the median taxable income in Mandurah which is \$55,029 compared to a state average of \$58,017. School education attendance and attainment is also lower than state average in the Peel region, characterised by limited access and choice of educational programs and inadequate transport for young people living in the surrounding semi-rural areas. The report also indicated health and social services are significantly under resourced, particularly in early intervention services addressing young people's mental and social wellbeing (Mayes, 2012).

The case of the Happy Hut is presented in this research study as the site from which data and field work was conducted and collected. Following the identified need for support services within the Peel region for young mothers, a project called Eyes Wide Open [EWO] was developed by the Peel Youth Program [PYP] in 1999. The program was very successful and further funding culminated in a community house known as the Happy Hut being established in 2007 to provide a safe supportive environment for young parents to network and engage in a variety of programs. Referrals to the Happy Hut were made from government services, midwives, General Practitioners, family members and particularly, via word of mouth from friends that had previously accessed the service. The programs include a pregnancy program, life after birth, and a mentoring program staffed by youth workers. An educational extension program linking young mothers back to secondary school and TAFE Certificate Three courses in Community Services are offered at the Happy Hut. The

programs are run by both youth workers and young mother peer educators, who were identified and completed a mentoring program following attendance at previous EWO programs. The Happy Hut also provided a fully equipped crèche staffed by child care workers (see photograph 2 & 3). This enabled young mothers to attend the programs and provided them with some ‘time out’ from their mothering roles.

Photograph 2: Crèche facilities at the Happy Hut



Photograph 3: Young mothers' children in crèche



From a community research perspective, the Happy Hut provided an ideal real-life setting to access rich data on pregnancy and young motherhood experiences. Berg (2009) suggests that researchers should consider four main points before choosing a research setting. The researcher should ensure that: access is possible; the target population is available; the study's research focus and questions will be addressed; and an individual can conduct the data collection effectively. The Happy Hut clearly met all of these essential criteria. I had worked as a community youth health nurse in the Peel region since 2003 and had already established positive, respectful professional relationships with the youth workers at the PYP. I had been intrigued at how this service was different to other health and social services. The young women I had referred to the Happy Hut had always returned and shared positive anecdotal feedback from the EWO pregnancy program. This affirmed my choice of setting in two ways: firstly, it provided me with a rich setting to observe and identify young mothers for interviews, and secondly, it offered an ideal template of a community model of service that works which may present some key insights into the role community services play in scaffolding the young women's experiences as they transition to motherhood.

Once the setting had been chosen, a letter was sent to the coordinator of the Happy Hut, requesting permission to attend the program and engage in participant observation with the young mothers attending the EWO programs. The process of gaining access to this setting was consistent with Brewer's (2000) recommendation that permission be successfully sourced from the 'gatekeepers' of the people participating in the research. Support from the gatekeepers is crucial as they have the power to enhance or hinder continuity of the research process. Permission to access, recruit and conduct fieldwork and interviews at this location was received (Appendix A).

The fieldwork for this research project primarily occurred at the Happy Hut. However, I visited another location in the first few weeks to attend a Life After Birth

Program [LAB] in Pinjarra a small town, 19 kilometres east of the Happy Hut in Mandurah (refer to Figure 5).



Figure 5: Map of Pinjarra: second site of EWO program

The coordinator of the EWO program had received some funding to undertake an initial pilot at the local recreation centre in Pinjarra to investigate the service need, validity and feasibility of extending the EWO programs permanently into the country areas surrounding Mandurah. Between three and nine young mothers attended the five week course in Pinjarra. After completing the course, four of the mothers returned to the Mandurah Happy Hut EWO program for the duration of the fieldwork.

At the commencement of fieldwork for this study the Happy Hut was situated in the centre of Mandurah. The Happy Hut was a 4 bedroom, two bathroom house rented by the Eyes Wide Open Project (see Photograph four). My first impressions of the Happy Hut are captured in my field notes below:

Photograph 4: Happy Hut site in centre of Mandurah April-May 2010



On the day I arrive in late April, the sun is shining; the morning is crisp as I enter the property through a side gate overhung by a brown brick archway. Many of the young women have arrived, some pregnant, others with newborns and toddlers in toe. I notice two of the young women smoking in the courtyard. I enter through the kitchen door, the hub of the house where some young women are engaging in casual conversation while they sip on their morning coffee. I notice one of the young women looking at me, her teenage acne and mouth full of braces framing her youthful face. I follow the facilitators into the sunken living room, a comfortable space scattered with bright coloured beanbags and throws. Awkwardly sitting on the sofa in the corner, I start to feel my body relax as the smell of a casserole in the slow cooker permeates through the house. I notice a neatly stacked pile of brochures on child health issues on top of a library of parenting and inspirational books in the bookshelf. Listening to the hustle and bustle of the young women taking their children into the crèche in the adjoining room, I think how this scene is no different to the busyness of my own home this morning (Field notes 6th May 2010).

Setting the scene for my fieldwork and sharing my descriptive observations, original thoughts, feelings and reflections were an integral part of my data collection. Although not in this particular setting, my previous work with young women may have made me a little “too familiar”. Hammersley and Atkinson (1995) describe how this familiarity can make it much

more difficult to ‘suspend preconceptions’ from previously held literature and everyday knowledge. With this in mind, I remain suspicious of projecting my own pre-existing bias or values on this setting, the program and these young mothers as demonstrated in my reflective field notes during my early observational periods.

Judging from my observations already, I am surprised about how warm, safe and happy this space is. I wonder whether the homely ambience provides the shelter and safety in the young women’s lives in contrast to the harshness of their reality or whether this is a deliberate attempt to role model what a home feels like. Again, I am presuming the reality of their life experiences is harsh and I am already suspicious of my own prejudices and subjectivity. This is going to be harder than I thought (Field Notes 29th April).

Relocating Case Study Site

One month into fieldwork the coordinator of the program was gifted a rent free 10 acre property approximately 5 kilometres out of Mandurah. The Happy Hut moved to this new location and changed its name to THE BLO4C an acronym for “Building Lasting Opportunities for Change”. This relocation was mainly due to the financial security it offered, the generous gift displaying the exposure and support the EWO program receives from the wider Peel community. The coordinator of the Peel Youth Program also saw the opportunity to create a more sustainable community project as the needs of the region’s youth service grew. The new property was situated on a picturesque country property which included a large 5-6 bedroom, 3 bathroom homestead and a large adjoining shed (see Photograph five, six, seven and eight). The property provided the space and facilities to expand the program to include a Men’s Shed project, a community vegetable garden and nature project.

It was my first day at the new Happy Hut today, a 10 acre property donated by an anonymous donor with free rent for 5 years. This was a welcome relief from the stress of finding funding to pay the rent for the previous residence. Although they have only moved the basics, the house has a good feel with one large room as the central focal piece surrounded by several other smaller rooms. The crèche has a separate baby and toddler room with an adjoining toilet. There is a glass sliding door that separates the two rooms so that the young mums can see their children while they are participating in the EWO programs (Field notes 20th May 2010).

Photograph 5: Coordinator, facilitators and myself out the front of the new case study site



Photograph 6: New crèche facility



Photograph 7: Young mothers' meeting room



Photograph 8: Communal kitchen at Happy Hut



Gaining Access and Establishing Rapport

Building Relationships

I had been granted access for entering the field and started my field work on April 27th 2010. Prior to starting I had extensively researched, planned and engaged in thoughtful reflection on my fieldwork approach. I drew on a couple of research approaches to fieldwork, firstly, ethnographers who claim that the researcher's role is to find a balance between the 'insider' and 'outsider' status; one that will "identify with the people under study and get close to them, but maintaining a professional distance which permits adequate observation and data collection" (Hammersley & Atkinson, 1995, p. 60). Secondly, narrative relational approach to field work that situates oneself within the experience being studied. Clandinin and Connelly (2000) assert that the fear of losing objectivity and moving into a close relationship with informants is part of the narrative inquiry approach, asserting that the researcher must know when to step back and see his or her own stories, the stories of the informants and the broader landscape of the inquiry, a term they describe as to "slip in and out" of intimacy (Clandinin & Connelly, 2000, p. 82). I also was aware from my previous work with young people of the importance of establishing and building trust relationships with the young women. The very nature of the narrative relationships I formed was fundamental to the depth and richness of the stories I would be able to collect. I drew on Wierenga's (2009) advice for working with young people as she suggests that:

discoveries are about listening and watching: insight is about asking and taking the time to understand. Continued access to people's lives, in order to do any of these things, is always about trust. Trust comes from communicating well and being trustworthy. Access to respondents, their stories and the rich data are intrinsically bound in the nature of relationships formed in the field. These relationships are forged through sensitivity in negotiations and face-to-face encounters (p. 203).

With this in mind I spent considerable time engaging and conversing with the young mothers before conducting the narrative based interviews in the field.

Inviting Informants

Participant Observation

Purposeful sampling is used in qualitative research because it allows the inquirer to select the individuals that can best inform the researcher of the phenomena under investigation (Creswell, 2006). I had not pre-determined the number of young mothers to be involved in this study. However, I drew on Sandelowski's (1995) focus that qualitative research values the deep understanding that is generated by information rich cases. She argues that an adequate sample size is one "that permits by virtue of not being too large-the deep, case orientated analysis that is the hallmark of all qualitative inquiry, and results in-by virtue of not being too small- a new and richly textured understanding of experience" (p. 183). In this narrative study, my focus was more on "who to sample" and who would have stories to tell that could best inform my understanding of the research inquiry questions. Initially, the sampling for this study was conducted using a "big net approach" recommended by Fetterman (1998) where I observed and mingled with everyone from the case study site. This involved giving out a participant information letter and consent form (Appendix B) on the first week of the EWO programs at the Happy Hut. The letter was not only given to all of the young mothers, but to the facilitators, youth workers, teachers and the crèche child care workers who were part of the social community context where the young mothers were observed during my fieldwork.

As new young women arrived during the course of the programs, a participant information letter and face-to-face explanation of my research study was given. This is consistent with a convenience sampling frame that relies on informants that are available and easily accessible (Berg, 2009). This approach provided an effective means to collect preliminary observational data in iterative cycles of data collection and clarity and refinement of emerging events and stories providing an 'emerging map of what is happening and why'

(Miles & Huberman, 1994, p. 65). It also provided valuable information to inform the development of my semi-structured interview reflective questioning prompts.

The participant observation occurred during three of the EWO programs: the Pregnancy Program, Life after Birth and the Educational Extension Program. Data collected during this observation of multiple programs revealed different patterns of interactions and experiences according to the different programs the young women attended. This was a deliberate attempt to represent a diverse range of young women who attend the Happy Hut: e.g. the focus of the young women who attended the education program was on working towards their high school certificate. This was in contrast to the women who attended the pregnancy program who engaged in antenatal education and preparation for having their baby, the topics which the young mothers directed. This diverse selective approach is recommended by Hammersley and Atkinson (1995) who propose that this process results in better quality of data being collected. All of the women approached consented to the participant observation. A total of thirty one women consented to being involved in participant observation over the period of 7 months.

Identifying Interview Informants

Following two months of participant observation and fieldwork at the Happy Hut, the second step was to identify and invite young mothers for an individual narrative-based interview. At this stage I could use my prior knowledge about the young women from field work to select the individuals I wanted to engage in one-to-one interviews. I was also mindful of Goodson and Gill's (2011) words of using selective bias when choosing the young women to interview as they caution researchers not to "choose participants that appeal to their own instinctive storylines or the kind of life trajectories that the researcher sympathises with" (p. 37).

Originally, a criterion sampling strategy was applied; the inclusion criteria included young females aged 16-19 years. However, once I began my field work I quickly realised that the age range of the young mothers attending the Happy Hut varied and I needed to be more flexible and open in the criteria used for the young women I invited for interview. As the research project progressed, I amended the criteria to include any young women who associated and saw themselves as part of this cultural group rather than limiting my study to a chronological age. The young women needed to currently live in the Peel region as this was part of broader criteria for the larger overarching Peel Child Health Study. Originally, the young informants were required to be greater than 12 weeks pregnant and/or a mother of one child less than 12 months old. However, I found this criterion was limiting as many of the young women who attended the programs had older or more than one child. I extended my criteria for interview to include mothers with children older than 12 months and/or multiple children. As stated in my ethics application, I was mindful whilst choosing potential interviewees to only invite young mothers that were English speaking, and/or had no known history of mental health problems.

The extended period of fieldwork at the Happy Hut had allowed me to build rapport and trust with the young women, an essential element in creating a supportive environment that ensures the comfort and safety of the storyteller (East et al., 2010). Building trust with the young women was an integral part of the research and interview process and is supported by Goodson and Gill (2011) who suggest that for interactive “flow” to take place during interview, an intimacy and trust must be formed before any meaningful content can be explored. I was conscious to ask the young mothers for interviews who attended regularly and those I had observed during fieldwork. This provided me with a significant bank of observational data and added to the goal of retrieving “thicker, richer” descriptions (Geertz, 1973) and stories which more accurately reflected the realities of young women’s pregnancy

and motherhood experiences. For the first two interviews I chose young women I had developed an open, comfortable, friendly relationship with and who I knew would be more open and willing to talk about their lives.

Following successful interviews with the first two young women, it was important to actively start approaching the quieter, more reserved young women for interviews. A hallmark of good qualitative research is a holistic account that covers multiple perspectives (Creswell, 2006). One of the later interviews involved two young women attending the education extension program. Although this was not previously planned, an opportunistic event occurred and the chance to interview Elizabeth and Tabitha presented. This is consistent with taking advantage of opportunities that present a form Miles and Huberman, (1994) describe as opportunistic sampling. I had observed that they were close friends during previous fieldwork and they reported feeling comfortable sharing their stories with me and each other. I had identified Elizabeth as a potential interviewee but despite frequent attempts to engage, our conversations rarely moved beyond a brief greeting. I suspected a distrust and reservation from her during my fieldwork. Tabitha, however, was more relaxed and forthcoming. Consequently, the interview was successful as both young women interacted and found resonance in each other's stories, revealing richer and deeper life descriptions and stories that I may not have received during a one-to-one interview.

Observational data of thirty one informants was collected; however I chose to invite eleven to proceed with in-depth interviews, which all informants agreed to undertake. These multiple sources produced a large amount of information rich data that I felt had adequately captured the depth and essence of the young mothers' experiences of pregnancy and motherhood. The eleven young mothers I interviewed were aged between sixteen and twenty three years, at differing points of motherhood from first time pregnancy to a young mother of three children. Of the eleven, five were attending the Pregnancy Program, three the Life After

Birth program and the remaining three were enrolled in the Education Extension Program.

The demographics of the young mothers represented a realistic cross sectional sample of young mothers who attend the Happy Hut and are summarised in Table 1 on pages 100-101.

Table 1: Characteristics of 11 interview informants

No	Pseudonym	Age	Country of Birth	Pregnancy and/or children	Current relationship	Current Living circumstances	Highest education level	Program at Happy Hut	Health services
ii01	Kellie	16	Australia	32 wks pregnant first child	In relationship with Baby's father	Living at home with parents and/or siblings	Year 10	Pregnancy Program	Regular visits to GP
ii02	Nicole	18	New Zealand	8 mth old child	In relationship with Baby's father	Living with child's father's parents	Year 10	Life After Birth	Regular visits to child health nurse
ii03	Serena	18	Australia	20 wks pregnant first child	In relationship with Baby's father	Living at home with parents and/or siblings	Year 10	Pregnancy Program	Regular visits to GP and midwife
ii04	Katherine	21	Australia	38 wks pregnant and 23 mth old child	In a relationship with boyfriend (who is not biological father of first child)	Living with second child's father	Year 11	Pregnancy Program	Regular visits to GP
ii05	Rani	20	Australia	14 wks pregnant and 2 yr old child	In a relationship with boyfriend (who is not biological father of first child)	Living at home with parents and/or siblings	Year 12	Pregnancy Program	No
ii06	Mia	20	Australia	39 wks pregnant with 2 other children < 2 yrs	In relationship with children's father	Living with children's father	Year 12	Pregnancy Program	Regular visits to GP and midwife

No	Pseudonym	Age	Country of Birth	Pregnancy and/or children	Current relationship	Current Living circumstances	Highest education level	Program at Happy Hut	Health services
ii07	Annabel	18	Australia	16mth old child	Single	Living at home with parents and/or siblings	Year 11	Education Extension Program	No
ii08	Stephanie	18	Australia	26 weeks pregnant with first child	In relationship with Baby's father	Living at home with parents and/or siblings	Year 10	Pregnancy Program	Regular visits to midwife
ii09	Tabitha	19	Australia	19 mth old child	In a relationship with boyfriend (who is not biological father of child)	Living at home with parents and/or siblings	Year 10	Education Extension Program	No
ii10	Elizabeth	21	Australia	15 mth old child	Single	Living alone	Year 10	Education Extension Program	No
ii11	Lucy	23	Australia	3 children aged 3,4 & 5 yrs	In relationship with children's father	Living with child's father's parents	Year 12	Life After Birth	No

Collecting Data

This research project explored how young women make sense of, understand and experience motherhood within the community. To try and gain a broad, contextual understanding of this complex phenomenon, multiple sources of information were collected. This is supported by Taylor et al. (2006) who state that if a:

qualitative research project is based on assumptions that people are interpreters of their own experiences and that matters of their context and relationships are important components of how they can make sense of their experiences, the type of methods that are selected to reflect these assumptions need to be appropriate (p. 396).

Therefore, my approach included a variety of data collection techniques, which focused on a “sense of search, a “re-search”, a searching again” (Clandinin & Connelly, 2000, p. 124). This was achieved by ‘peeling the layers off’ or funnelling my observations from the broad contextual experiences to smaller, detailed and more focused aspect of the young women’s experiences of pregnancy and motherhood. The data collection approach focused on capturing both the depth and essence of the young mothers’ experiences and was achieved by first building trust relationships, which I described earlier in the chapter. Secondly, engaging in participant observation and documenting and reflecting on my research experiences in field notes, and finally eliciting stories through in-depth interviews with eleven young mothers. These data collection techniques are outlined below in Figure 6.

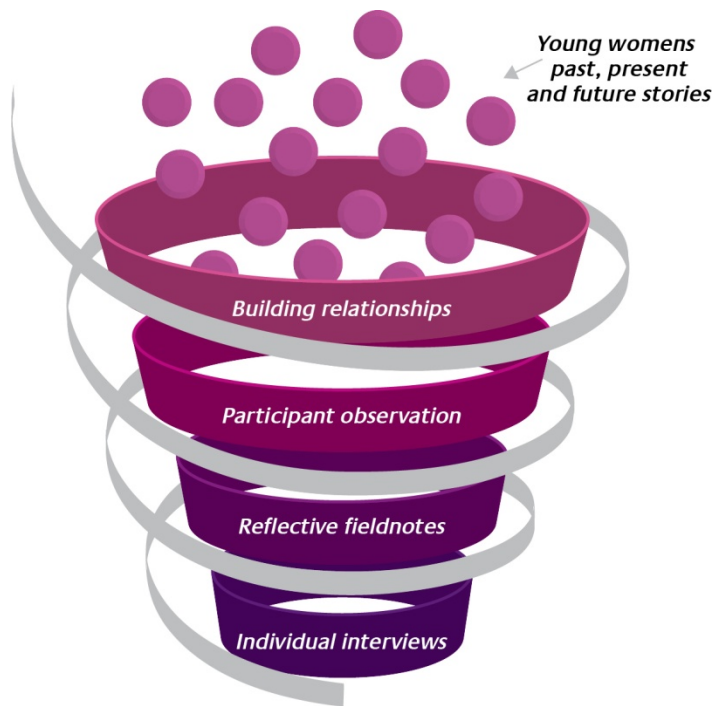


Figure 6: Data Collection Funnel

Participant Observation

Participant observation was an appropriate data collection choice as I was exploring young mothers' experiences in a natural setting in order to gain contextual understandings of the phenomena of interest (Yin, 2009). Participant observation is a mode of observation that involves gathering data by partaking in the daily life of the research participant in their natural settings. This includes “watching, observing and talking to them in order to discover their interpretations, social meanings and activities” (Brewer, 2000, p. 59). In this study, observational periods at the Happy Hut provided an opportunity for me to engage in participant observation, including interacting, conversing and observing the everyday experiences of pregnant and young mothers in the context of their current lives. These periods of observation included the times before, during and after the programs at the Happy Hut. Working within the three dimensional narrative inquiry space, observation provided me with fresh insight and a unique look at the social dimension and interactions of young mothers in the Happy

Hut. These observational periods elicited valuable information, especially when the young women engaged in spontaneous incidents of storytelling.

Throughout my fieldwork I needed to remain open and sensitive to the young women as well as remain aware of my role and positioning as a researcher. During this observational time, I did not want to be perceived as a health professional, expert or critic. Goffman (1959) discusses the management of ‘personal front’ and the importance of impression management in these situations. I therefore chose to dress in casual clothes, including jeans, T-shirt and thongs, similar to the casual appearance of the young women I was studying. This was apparent in my field notes on my first day

I arrived at Pinjarra this morning with mixed feelings of nerves and excitement. Am I ready for data collection? The solitary safety of my quiet student office at the university, where I had been researching and writing for the past year, seemed like a much better option. “Gabrielle, you worked as a youth health nurse for years, you will be fine,” my voice echoed in my head. As the girls started to arrive and I was met with an enthusiastic welcome by the facilitators, I was glad I decided to keep my appearance casual as I sat down in the circle in jeans and a T-shirt. (Field notes, 27th April 2009).

It was also essential to remain conscious that informants in the field may initially respond by seeking to place or locate me within their own experience (Hammersley & Atkinson, 1995). I remained mindful from my previous involvement with young mothers that this could lead to suspicion or distrust about my motives for being involved in the program. I therefore chose to write very few hand-written notes during the fieldwork.

I would arrive a little early each session to make sure I interacted with the young women in a more informal setting. The value of engaging in purely social activity with the young mothers cannot be underestimated as a way of building trust. This is supported by Hammersley and Atkinson (1995) who state the value of:

finding some neutral ground with participants where mundane small-talk can take place. It may be threatening to hosts if one pumps them constantly about matters relating directly to research interests. Especially in the early days of field negotiations it may be advantageous to find more ‘ordinary’ topics of

conversation, with a view to establishing one's identity as a 'normal', 'regular', 'decent' person. (p. 89).

In the spirit of establishing relationships that involve trust and reciprocity I was personally engaged in many conversations with the young women. The breadth of topics discussed ranged from 18th birthday costume parties, beauty product preferences, disclosing most embarrassing moments to sharing life dreams and goals. During these early days I made a decision that I would adopt the role of one of the informants attending the EWO program, including participation in all the activities of the program. These included art therapy, pamper sessions, cooking, pregnant belly casting, painting and burlesque dancing. This approach was advantageous as any suspicions or initial judgments by the young women seemed to dissipate quickly. I started to notice and document in my fieldnotes how my role changed from that of an "outsider" to becoming a trusted "insider" over time. This "insider" role was further confirmed when I became pregnant during the later course of fieldwork which I journalled in the methodology in Chapter Three.

The fieldwork and participant observation took place over a period of seven months from April to November, 2010. The observation periods lasted between 1.0 to 4.0 hours, each to coincide with the programs run by the EWO. These programs included the Pregnancy Program, Life after Birth and Educational Extension Program. The programs were conducted in the three separate locations. The majority of observational periods were conducted at the Happy Hut, on the 10 acre property in Mandurah. Overall, there were 32 periods of observation, culminating in 92 hours of observation (Appendix C). On 2 occasions I arrived at the Happy Hut to attend the education extension program and no young mothers' attended. To avoid this situation, the teacher running the program would text me on the Friday morning if the girls had called to communicate their non-attendance.

Reflective Field Notes

Over the course of the seven months of field work I kept a rich and detailed account of my research journey in field notes. Field notes are described as selective notes made in the field of inquiry that form part of the data when the entire project is drawn together (Taylor et al., 2007, p. 409). I wanted my field notes to capture the young mothers' experiences within the three-dimensional narrative inquiry space. Therefore, they consisted of two types of entries: firstly, my observational records of actions, doings and happenings at the Happy Hut, including descriptive accounts of the five "w's": who, what, when, where and why? Secondly, I recorded my scholarly personal narratives (Nash, 2004) that recorded emerging questions, insights, feelings and changes in my thoughts and perceptions. This process involved going back and forth within the social and personal continuum from recording the young mothers' experiences to recording and reflecting my own experiences of the research experience. These field texts are an essential element of narrative inquiry as they:

freeze specific moments in the narrative inquiry space...help fill in the richness, nuance, and complexity of the landscape, returning the reflecting researcher to a richer, more complex, and puzzling landscape than memory alone is likely to construct (Clandinin and Connelly, 2000, p. 83).

The process of reflective writing helped move me to different spaces, a deeper level of contemplation and insights, guiding fresh conceptual ideas in my exploration of how young women experience, understand and make sense of motherhood. Writing as a method of data analysis uses the process of writing to think, a notion referred to as rhizomatic work (Deleuze & Guattari, 1987), whereby fortuitous connections grow in all different direction (named after the rhizome, a horizontal underground stem that shoots from all of its nodes). My fieldnotes represented an interactive and dynamic rhizomatic map that had no beginning and endings as they are always becoming (Irwin, Beer, Springgay, Grauer & Xiong, 2006). The act of composing field texts is an interpretative process and that selectivity in what I observe and write about will

inevitably take place, a process referred to as ‘foregrounding’ which, consequently, can make other aspects of the inquiry invisible (Clandinin & Connelly, 2000). Initial interpretative analysis and data collection were, therefore, conducted simultaneously throughout the research study, which allowed me to funnel my observations from the broader landscape of experiences to smaller, more focused aspects of the phenomena. These field notes were used in my analysis and have been interwoven throughout the research study to corroborate and enhance evidence from the narrative based interviews (Yin, 2009, p. 103). My reflective field notes also included photographs (with permission) that were taken of both the informants and the case study sites and will be used to illustrate and capture the community context in which this research study was set.

Individual Interviews – Narrative based

In this research study a semi-structured in-depth interview was conducted with each of the eleven young mothers. Personal narratives of the young mothers’ experiences provided the basis and major source of data for this study. My fieldwork and observational periods prior to the interview process were used to not only collect data but to also develop rapport and build trusting, open and safe relationships with the young mothers. It was important to take this time to get to know and ‘tune in’ to the young women, developing a sense of intimacy and sharing which is a hallmark of the relational aspects of narrative work. Early observations during fieldwork provided me with a snapshot of how pregnant and young mothers experience and make sense of motherhood. These guided the selection and framing of seven open-ended reflective questioning prompts used for the interviews, including clarifying questions (see Table 2).

Table 2: Reflective Questioning Prompts

1.	Can you describe the experience of your life growing up? <i>Siblings, parents working, divorce or separation, moving, schooling.</i>
2.	What was happening in your life when you got pregnant? <i>Was the pregnancy planned? How long had you been seeing the baby's father? Was your mother young when she first fell pregnant? Or your sister?</i>
3.	Can you describe your experience of pregnancy and/or motherhood? How has life changed? <i>Tell me some of the good (meaningful) things that have occurred and some of the stressful things you are experiencing (financial, rent)? How did you feel about this? What did you do in this situation? Do you think that people see you differently? Have your friendships changed, have your priorities changed? What is important to you?</i>
4.	Who do you feel connected and/or supports you? <i>Who do you chat with, who do you ask for advice? Who do you go to if you are upset or worried about things? Can you give me an example?</i>
5.	What type of social support do you receive here? Can you give me an example? <i>What happens when you come here? How do you find people's attitudes while you are here? What have you learned from others? How is the happy hut experience different? Can you give an e.g.? If the Happy Hut was not available what would you do for additional support?</i>
6.	What are your hopes and dreams? How do you see your future (over next 5 years) for you? For your child? <i>How would you know that you have achieved that?</i>
7.	What advice might you give to other young mums? <i>What would have made things easier for you?</i>

This approach was chosen to facilitate maximum exploration around the young women's experiences of pregnancy and motherhood whilst being open, flexible and conversation like. Throughout the interview process I was conscious of Denzin and Lincoln's (2008) advice on how we live in an "interview society" and that the process of conducting an interview suggests that it is not a neutral tool as answers are expected

and given. The semi-structured interview guide was therefore built around a reflective conversational approach and informed by Wierenga's (2001) practice of 'storying'. This practice encourages young people to articulate stories about 'me and my history' so they can move beyond the current narrative to 'me and my future' (Wierenga, 2009). This social practice of "storying" is based on narrative process that can potentially lead to changes in the informants' understanding (Goodson & Gill, 2011).

The eleven interviews conducted in this study were based on this storying approach that develops a chronology that connects the young women's past, present experiences of pregnancy and/or motherhood and their future hopes and dreams. An initial opening trigger question: Can you describe your experience of your life growing up? This corresponds to the question of 'where have I been in my past'? This was followed by a descriptive question to invite the young women to share their pregnancy and motherhood story. This corresponds to the: where am I now? and encourages articulation of current experiences of pregnancy and motherhood. A structural question regarding their experiences at Happy Hut, and contrast interviewing questions, asking how the Happy Hut is different from other services, was also explored. Finally, the young women were asked about where they were going, their hopes and dreams for the future, for both themselves and their children.

These open-ended questions assisted in capturing the stories and sharing perspectives on what life is like for young mothers and how they make sense of their motherhood experiences. This type of reflective questioning is an important ingredient in using a 'storying' framework as it encourages the young women's voice and moves them beyond their current field of vision to develop new perspectives and insights. This narrative exchange is an essential element in developing an individual's narrative, and reflective capacity and flow, allowing them to look differently at their story and see new parts of their life unfolding. The reflection and sharing of their stories enables them to

realize and articulate their own beliefs and values and, often, can achieve empowering and emancipatory insights during the interview process (Johns, 2002).

At times, the wording of the questions was altered and the young women were afforded some space to move with the direction of the interview. During the interviews some additional reflective probing questions were asked to assist in clarifying and to encourage further explanation of a response, especially for those who had less narrative and reflective capacity. On occasion I would use my observations prior to interviews to provide me with recent examples to help in stimulating and igniting discussions that would elicit more depth and richness from their life descriptions. For example, when framing questions around the role of the Happy Hut, I asked: “I noticed everyone laughing and having fun this morning at the Happy Hut; how do you see this space as a place of fun?”

Prior to interviewing the young women, an informal pilot interview was conducted to refine the demographic questionnaire and reflective questioning prompts. This is recommended by Yin (2009) who suggests a pilot interview can assist in refining both the data collection and procedures to be followed. Practising a variety of open-ended questions before undertaking the actual interviews, gave me the opportunity to avoid situations whereby the informants react with long silences or confusion about what is asked (Sorrel & Redmond, 1995). This pilot was carried out at the Happy Hut over a two hour period with two facilitators of the EWO program. Both facilitators were young mothers and provided insightful feedback on the appropriateness of the questions and whether they would elicit rich responses. No refinement of the demographic questionnaire was required; however, I made some minor changes to the questions, which included framing the questions more loosely and making them more conversation like, so as not to sound like I was interrogating the informants. On reflection, the original questions and interviewing techniques were consistent with a more health

professional formal interview approach. By anticipating and simulating the interview procedures during the pilot, the interview prompts were refined, allowing a more informal, reflective approach. These changes were more consistent with my narrative methodology, whereby the emphasis is on taking time, listening and learning about their life stories in natural conversations.

Some of the interviews were planned while others were opportunistic in nature. The time and place of the planned interviews were accommodated to cater for the young women's family commitments and preferences. All of these young women kept their arranged appointments for interviews. Individual interviews with nine informants and one interview with two informants were held between 11th June 2010 and 23rd September 2010. One interview occurred in a coffee shop, one at the participant's home, one under a tree at the local park and the remaining seven in a quiet, separate room at the Happy Hut. In several cases, their children were present. One individual interview included a young woman's partner on his request and another young woman invited her sister. Prior to the interviews I explained that the data collected would remain confidential and emphasized that the study was voluntary and they were able to stop the audio recording, refuse to answer or discuss personal issues that they did not feel comfortable with and/or the right to withdraw without any prejudice from the research study at any time. The consent form also clearly stated that as a participant of the study, there would be no impact on their relationship with the EWO Program or the Happy Hut, if they participated or not.

Prior to the individual interviews, a demographic questionnaire (Appendix D) and consent form (Appendix B) was signed by all of the young women. This was in addition to the consent signed for participant observation, received several months prior to the individual interview process. The interviews ranged in length from 20 minutes to 60 minutes. All the interviews were audio-recorded. Following the interview I asked all

of the young women if they had any questions relating to my study and invited them to contact me to discuss any issues that surfaced during the interview. No informants responded to this offer.

Recording Information

This study used multiple forms of data to build a meaningful account of the narrative experiences of the young women. The data was recorded in various forms, including observational field notes which included a descriptive and scholarly personal narrative notes section. All periods of observation were recorded on a spread sheet on my office computer, including date, time, location and number of young women attending the program. As soon as possible after the interactional observational periods, usually the day of, or one day after, I would transcribe my field notes on the computer, including conversations, descriptions of program activities as well as my field interpretations and personal experiences of the research experience. I would then print these and keep them with me, jotting hand written notes in the columns as insights and further questions arose. These were all used later for theme development.

Interview write ups that included the date, time and place of interview: the seven reflective questioning prompts and initial “jottings” from impressions and reflections of the interview process were recorded. The eleven young women who I interviewed were asked to complete a two page demographic questionnaire (Appendix D) which I later de-identified. The questionnaire collected data, including age, country of birth, relationships status, current residence, gestation of pregnancy and/or age of children and education level which I condensed and presented in Table 1, on page 101-102. The questionnaire also required the informants to indicate which programs they were attending at the Happy Hut and information on community support services accessed. Following completion of a demographic questionnaire, each of the women engaged in an initial individual, face to face, semi-structured interview which was audio recorded

and transcribed verbatim. Documents, including relevant correspondence and permission from case study site, newspaper articles on the Happy Hut, EWO course objectives and programming guides and photographs, were all kept in a file in my university office.

Storing Data

Respect for informants' anonymity and confidentiality, was upheld by adhering to data storage protocols (NMHRC, 2007). All data collected including consents, digital audio tapes, questionnaires and field notes were either in my possession or stored in a locked cupboard in my university office. Consent forms and data files were stored separately.

The digital audio-taped interviews were downloaded to my office computer which is protected by password. The audio-taped interview recordings were then erased from the recorder. Following completion of the research study, all data files, including the computer files were transferred and stored in the confidential data storage facility at Murdoch University School of Nursing and Midwifery for five years.

Leaving the Field

Following seven months of fieldwork at the Happy Hut I decided to gradually withdraw from the setting. The timing to leave the Happy Hut was both a personal and professional decision. The EWO programs were coming to a close for the year with an impending two month break over the Christmas and summer holidays. In consultation with my supervisors and due to the impending birth of my third child, we felt it was the right time to withdraw from the field. I had also identified from preliminary data analysis that I had sufficient depth of data to capture the essence and meaning of the young women's experiences of motherhood in order to answer my research questions. During the individual interviews, the young women were asked and all agreed to be

interviewed at a later date if required to follow-up on significant findings. However, this was not required.

Although I knew of the temporary nature of fieldwork, withdrawing from the Happy Hut was completed with an array of mixed feelings. I had developed friendships with both the facilitators and the young women in the program. The withdrawal process from the field not only entailed the physical removal but also an emotional disengagement from the everyday relationships that I had established over the seven month period (Brewer, 2000). Given the relational nature of narrative work, it was critical to the trust relationships I had established, and the intimate stories I had witnessed, that I remain sensitive to the young women during my withdrawal. I felt a strong sense of responsibility to thoughtfully negotiate this final transition in my relationship with the young mothers. Lawrence-Lighfoot and Hoffmann Davis (1997) affirm the significant impact narrative work can have on informants, claiming that as researchers we:

enter people's lives, build relationships, engage in discourse, make an imprint...and leave. We engage in acts (implicit and explicit) of social transformations, we create opportunities for dialogue, we pursue the silences, and in the process, we face ethical dilemmas and a great moral responsibility (p. 11).

Several weeks prior to leaving, I informally told the young women and facilitators that I would be finishing my field work toward the end of the year. I organised lunch at my home for the co-ordinator and two facilitators of the EWO program. I extended my sincerest gratitude and acknowledgment of their contribution, including the ease in which I was welcomed and embraced at the Happy Hut. We also discussed some of my preliminary findings and organised a timeline and process for feeding back the findings of the study to the young women. This is consistent, not only with ethical research guidelines, but in any relationship underpinned by respect and

trust. Future publication to strengthen ongoing grant applications for the continuation of the programs was also discussed.

My previous professional relationship with the co-ordinator and facilitators of the Happy Hut would continue. However, I felt sad about leaving the young women and a curiosity about where their lives would lead. This was demonstrated in one of my last field notes on 18 November 2010:

Today was my last day at the Happy Hut. I woke this morning with mixed feelings; the hut had become so much a part of my working life and I enjoyed attending every week. I picked up some yummy slice at the local bakery and drove down the winding bush driveway, reflecting back to my first day and the nervous anticipation I had felt. How my understanding of these young women and myself had changed. How unaware I was in the beginning about what I would learn and the personal and professional growth I would experience from this research journey. As I sat with the group of young women for the last time, I felt honoured and grateful to have witnessed the resilient spirit, courage and hope that had flowed through their life stories: stories that had spoken to my pen and to my heart. I felt an overwhelming sense of responsibility to do justice to these young women's stories and translate them in a way that preserved their essence and captured the core meanings of their storied lives (Field notes 18th November 2010).

Ethical Considerations

This research project received ethics approval from the Murdoch University Human Research Ethics Committee (Approval 2009/245; Appendix F). The study was guided by the National Statement on Ethical Conduct in Human Research (NHMRC & ARC, 2007) and the guiding principles of research merit, integrity, justice, beneficence and respect were upheld throughout the research process (NHMRC, 2007). This is especially important in qualitative social research that can intrude on people's lives (Punch, 1998). My Working with Children Check (Notice Number: 423197), issued by the West Australian Government, was obtained prior to and current during data collection.

All the interviews and field notes de-identified the young mothers by using a corresponding numerical number. However, after developing close relationships with

the young women, I felt uncomfortable about the objective nature of assigning numbers and asked them to choose their own pseudonyms which I continued for this thesis. The recruitment of pregnant women for this research required further ethical considerations. All the young women who participated in this study were greater than twelve weeks pregnant and the care and wellbeing of the pregnant informants took precedence over research considerations at all times (NMHRC, 4.1.1). This qualitative research study was considered as minimal risk as data were collected through participant observation and interview and therefore did not affect the foetus. The information letter given to the research informants included information about local counselling services if interview questions or discussions caused any distress or anxiety to the young women. However, none of the young mothers exhibited any adverse emotional experiences and the counselling service referral was not required. Although this was an important ethical issue to consider, by using a narrative approach, the converse was true, the young women in my study wanted to share their stories. As discussed in the methodology chapter and confirmed in my findings, storytelling is a fundamental way of expressing ourselves and our world to others and, consequently, has powerful and potent healing benefits (McAdams, 1993).

The age of the research informants in regard to informed consent also needed to be considered. All of the informants recruited for observation and interview were aged sixteen years or older. Following five years as a community Youth Health Nurse, I am skilled in recognising vulnerability or possible delay in a cognitive maturity that may affect the requirements of informed consent. This was not the case in any of the young women identified. However, to avoid any possible concerns regarding the potential vulnerability of this group, two strategies were implemented. Firstly, the information letter (Appendix B) and consent form was written and thoroughly explained in simple English to assist the informant in understanding the research process, prior to giving

informed consent. Secondly, an independent adult supervisor, working at the Happy Hut, witnessed the young person's consent for this research study.

Data Analysis

Being a qualitative study, a range of approaches were used to analyse the large amount of data collected. As discussed earlier, preliminary analysis commenced early during fieldwork, mainly to inform the loosely structured, reflective questioning prompts used in the narrative based interviews. It also assisted in sharpening my lens during observational periods, further funnelling and refining my focus to align with my research questions. The majority of the observational data has not been directly used but was integral in guiding my interpretative lens and informing my later analysis. Throughout the research study my analysis practices were not fixed but rather fluid and circular, resembling Creswell's (2006) description of the data analysis spiral (refer to Figure 7). From the first spiral loop of initial data collection and management to finally exiting with an alternative narrative, it was imperative that I carried out the data analysis with care and rigour in a methodical way (Coffey & Atkinson, 1996).

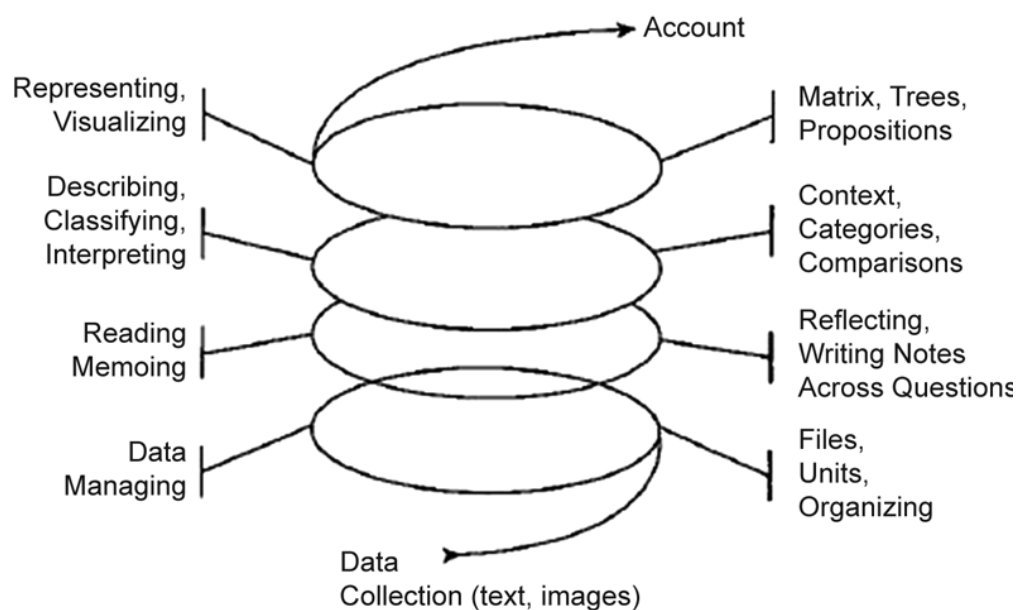


Figure 7: The Data Analysis Spiral (Creswell, 2006, p. 151)

The data analysis phase in this research study encompassed two stages. Stage one involved writing a short narrative biography of the eleven young mothers I interviewed in depth. This captured the depth of meaning and essence of the individual stories which underpinned and allow me to build on during the second stage of analysis. The second stage involved thematic analysis, as I searched for larger patterns, meanings and points of thematic convergence across the field notes and interview data. Both approaches will be described in the next section.

Stage one – Capturing the Essence of Individual Stories

I began by writing short narrative portraits of the eleven young women because I wanted to capture the essence of each individual story, including reflecting on their past life experiences and the significant turning point pregnancy and motherhood played in their lives. I began by listening for the voice within each of the eleven young mother's narratives. I totally immersed myself in the audio-taped interviews, listening and re-listening to capture the essence within each of the young mother's stories. I would then consult and re-read my detailed field notes, relating to the individual young woman in the three dimensional narrative inquiry space. I referred to my observational field notes, personal and social interactions and conversations, stories of growing up and becoming a mother as well as the contextual narratives of experiences at the Happy Hut. I considered the interview transcripts and the reflective field notes for a while before writing a short narrative portrait of each of the eleven young women in the study.

This process is consistent with a method of inquiry called portraiture that blends aesthetics and empiricism to capture the complexity and subtlety of human experience while preserving the complexities of a person's life descriptions (Lawrence-Lightfoot & Hoffman Davis, 1997). Writing these narrative portraits was a good beginning point, I found it constructive in two ways: Firstly, it allowed me time and space to dwell in my memory of my time with the young woman both during the interview and field work.

This space allowed for authentic reflection and analysis to occur simultaneously as the essence of the individual's stories organically unfolded. Secondly, it set a backdrop, providing me with an anchoring point for my exploration and analysis of the broader meanings found across the diverse collection of stories which I could build on for stage two. This process enhanced my conceptual clarity during the analysis phase.

Stage Two - Emergent Thematic Analysis

After writing the young women's narrative portraits, I used emergent thematic analysis to cut across the eleven narratives of experience, exploring, selecting and fitting together the common narrative threads within the three dimensional narrative inquiry space. Braun and Clarke (2006) recommend thematic analysis as an effective method for identifying and analysing patterns in qualitative data. Although I engaged in some memoing during stage one, my focus was on getting a sense of the individual interview as a whole before fragmenting their experiences into parts. So, following Creswell's (2006) data analysis spiral, I re-read, re-listened and re-searched all of the research data and added further memos in the margins. These consisted of ideas and key concepts that stood out from the data (Creswell, 2006). I then moved through the spiral process to the describing, classifying and interpreting loop by making a list of emerging patterns, narrative threads and themes which I then assigned coloured codes. Coffey and Atkinson (1996) describe the process of coding as condensing the bulk of the data set into units for analysis by creating categories and generating concepts from within the data. Coding was used as a method of organizing the large amount of interview data and was part of the analytical process because giving codes to data and developing concepts, enables a rigorous evaluation of what the data was saying (Coffey & Atkinson, 1996).

This was a two-step process; firstly, I coded individual interview transcripts. I then cut across the data collected in both the interviews and observational field and reflective notes to identify congruency between the narratives in the observational and

interview data. This ensured triangulation, as emerging themes converged from both the interview and fieldwork data sources as recommended by Yin (2009). The back and forth process between interview and field notes confirmed the original concepts and themes and assisted me with putting the interview data into context to more accurately reflect the lived experiences of the young women. Each assigned colour code was linked with different sections of the data together and represented a new concept or theme gained from the raw interview and observational data. This process continued until all of the data collected was coded. I discussed this analysis phase and initial coding with my supervisors to ensure accuracy of the research and qualitative analysis process. Once the initial themes were confirmed as being representative of the data, the second stage involved exploring, playing with, splicing and linking the created codes and concepts (Coffey & Atkinson, 1996). Over a period of several weeks, I continuously checked back and forth across the codes and categories until the data was further distilled to nine main themes.

My analysis focus was not on the frequency of a theme, rather, on the narrative account provided by the young women in order to capture the essence and meaning and preserve the rich contextual details of their stories. This is supported by Denzin and Lincoln (2008) who argue that researchers should avoid reductionist views and encourage analysis that reflects the complexities of the social life being studied. The main story themes and concepts were linked to the past, present and future reflective questioning prompts used during the interviews. These were designed to prompt the young mothers to expand and link sections of their story including their childhood, their new motherhood experience as well as their future hopes and dreams. I divided the main themes from the young mothers' stories into the three main sections that would address the study's research questions. Firstly, the background of the young mothers; secondly, their experiences of pregnancy and motherhood and, thirdly, the role

of the community house where the narratives were collected. This allowed me to link, sequence and develop a set of themes without losing the richness of the young women's narratives of motherhood experiences.

Developing Metaphorical Themes

The last phase of the data spiral involved representing the data. Although I had completed the bulk of the thematic analysis by reducing the data, a process Creswell (2006) refers to as “winnowing”, I had underestimated how difficult it would be to represent the young mothers' experiences whilst staying loyal to their multi-layered and textured stories. I was always mindful of Braun and Clarke's (2006) advice when assigning a name to themes asking: What story does this theme tell? How does this theme fit within the grander story? The challenges and tensions I experienced in representing the young women's stories was frequently documented in my personal scholarly narratives and discussed in depth in Chapter Three in the challenges of ‘doing’ narrative research.

Qualitative researchers have started using metaphor to represent themes because it provides a symbolic image and language that can echo deeper meanings behind human experience, in this case, young women's experience of motherhood. Lakoff and Johnson (1980) claim that metaphors are not merely a linguistic device but can structure human thought and understanding of experiences. This prompted me to consider using metaphor as a suitable strategy to portray the young mothers' realities. The use of metaphor in qualitative research is supported by Carpenter (2008) who suggests that metaphor is a creative strategy to examine, analyse and interpret phenomena from a unique and creative perspective and has “the potential to deepen understanding of phenomena, generating new insights and challenge old perceptions (p. 281).

This later stage of data analysis was suitable to play with metaphor as Miles and Huberman (1994) advise that the development of metaphors too early in the analysis

phase can potentially lead to complacency or the researcher, projecting the raw data to fit the chosen metaphor, resulting in misguided interpretation. I decided to re-listen to the eleven audio-taped interviews, re-read my reflective field notes and immerse myself in the preliminary coding and categories again for several days before the metaphors emerged. An example of how I achieved this was by drawing a mind map, using all the narratives in the data where the young women described the meaningful and challenging roles of motherhood, including how they responded to their changing circumstances. I reflected and remembered my time with the young mothers, visualising and capturing their experiences in the metaphor of *Jumping over puddles*. It was my hope that by using the universal symbolic language of metaphor that the audience would feel a resonance with the young mothers experience in their own lives.

At completion of this process, nine overarching metaphorical themes had emerged and captured the essence of the young mother's storied experiences (see Table 3).

Table 3: Thematic metaphors from young mothers' narratives

<i>Background of young mothers</i>	Picking up the Pieces
	Walking a Narrow and Familiar Path
<i>Young mothers' experience of pregnancy and motherhood</i>	Jumping Over Puddles
	Riding the Rapids to Motherhood
	Living with Dirty Looks
	Asking for Directions
<i>The role of community house for young mothers</i>	Finding a Circle of Friends
	Weaving a Tapestry
	Turning the Page

I purposefully chose metaphors that used progressive verbs that describe ongoing actions in the present, past or future to capture both the young women's active agency and temporal movement in their storied experiences. By generating and presenting some new and positive metaphors in which to view and understand young mothers, it is my hope that their stories will be heard and an alternate view of young mothers may emerge. These new meanings and realities may act as a catalyst to a new collective story of hope and possibility for young mothers; a story that can inform and illuminate a new vision for working with young mothers in the community.

The immersion in the interpretation and analysis of the young mothers' stories was a creative process for me. It presented an opportunity to balance my dominant intellectual and often compartmental thinking with my emotional and aesthetic side that encompasses intuition and insight. Qualitative research, that embraces both the science and creative arts, allows one to see more deeply and is advocated by Richardson and St. Pierre (2008) as a "valuable creative analytical practice" (p. 481). This aesthetic approach is also strongly embedded in the portraiture method of inquiry of Lawrence-Lightfoot and Hoffman Davis (1997).

Throughout the conceptualising phase, I continued my scholarly personal narratives in a journal, composing poems, short stories and producing visual images to capture and clarify my reflections and shifts in my thinking. This process was captured in my reflective journal notes and circular collage (Figure 8) below:

After immersing myself in the young mothers' stories yesterday, I woke this morning with a hazy head, unsure of how to make sense of all the stories. My dreams last night were seeking to explore process and symbolise the young women's narratives as a way to communicate with my conscious mind. So, I decided to try something different, to embody the young women's lived stories in a narrative visual journey, a clock face divided into three sections that represent the young mothers' past, present and future stories. I started to create a circular collage, firstly by piecing together a collection of visual images that had emerged whilst analysing the young women's accounts of growing up. Colourless images from the past. Secondly, I began piecing together images from the young women's present experience of pregnancy and motherhood, foregrounding the major metaphorical themes in colour acknowledging their pregnancy and motherhood as a significant turning point in their lives. Finally, the young mothers'

experiences at the Happy Hut, including her hopes and dreams for the future. These images were symbolized in full colour acknowledging and allowing for growth, change and transformation as many of the young mothers began to re-author their lives and stories (Field Notes, 7th June 2012).



Figure 8: Collage from young mothers' narratives (produced during data analysis)

Summary of Chapter

This chapter documents the techniques used in the process of data collection, clearly outlining the procedures taken and strategies used for participant observation and identifying interview informants. The young mothers' stories were collected via multiple sources including recording detailed and reflective field notes during seven months of fieldwork at the Happy Hut. A detailed description of my approach to data analysis and interpretation was discussed as well as ethical issues for the study. The next chapter will provide the findings for the study, including narrative portraits of eleven young mothers and nine overarching metaphorical themes of young women's experiences of motherhood including the role the Happy Hut played in scaffolding their experiences as they transitioned to motherhood.

CHAPTER FIVE – FINDING THE NARRATIVE

Introduction

This chapter reveals the stories of eleven young women as they speak of their experiences of pregnancy and motherhood in the community. These findings present a co-constructed narrative that blends “the curiosity and detective work of a biographer, the literary aesthetic of a novelist, and the systematic scrutiny of a researcher” (Lawrence-Lightfoot & Hoffman Davis, 1997, p. 15). However, as discussed in Chapter Four, representing and translating the young women’s multi-layered textured stories into a meaningful representation of their lives was a challenge. This chapter will present the findings in two different ways. Firstly, I will introduce the eleven young mothers using a narrative portrait which is used as a powerful vehicle to capture the complexity of human experience while preserving the richness of their life descriptions (Lawrence-Lightfoot & Hoffman Davis, 1997). It is my hope that these narrative portraits will reveal both the essence and the humanness of the eleven young women and their journey to motherhood, evoking an intimate connection with the reader, one that allows them to enter the world and realities of these young mothers’ lives. The pseudonyms I have used were chosen by the young mothers themselves to protect their identity and ensure confidentiality.

Secondly, nine overarching themes are presented using the symbolic language of metaphor. During my data collection and analysis I attempted to creatively expand my thoughts, splicing and playing with metaphor and symbols that would honestly reflect the young women’s experiences. Fundamental to this study was that I could reconstruct the data in a way that would not only do justice to the uniqueness and complexities of these young women’s lives but also to encourage alternative understanding and thinking of how young women experience and transition to motherhood. The use of metaphorical themes offered a tangible way of illuminating the findings whilst

preserving the essence of the young women's stories. The thematic metaphors will be described with supportive quotations from transcripts, field and reflective notes collected during the research process. At times, I have referred to relevant literature to emphasize significant points throughout this findings chapter. I shall now introduce and present the eleven young women's narrative portraits.

Narrative Portraits

Kellie's Story: 'You don't know half the story'

I met Kellie on my first week of field work at the Happy Hut. She was 30 weeks pregnant with her first child. One of the first things I noticed about Kellie was her shiny silver braces as she delightfully share with me her plans for her 16th birthday celebration. After several weeks I asked Kellie if I could interview her about her experiences of pregnancy. She promptly agreed and asked me to collect her from the local youth centre the following day where she was attending an outreach schooling program (Year 11) and drive her to the city's main shopping centre for our interview. She was meeting her boyfriend there to buy some baby gear for the impending birth of her son. As we walked together through the shopping centre I felt the objectified gaze of others and wondered what it must feel like for Kellie. I admired Kellie's youthful aloofness and her "I don't care what others think" attitude as she confidently strode through the foyer with her tight singlet and noticeable pregnancy bump.

During the interview at a coffee shop Kellie spoke of her difficult childhood. Her parents separated when she was 4 years old. When Kellie was 8 years of age she went to live with her dad and his new wife. She recounted the pain of constant criticism from her stepmother and the disconnection she felt from her father. At the time of the interview she was living with her boyfriend and her biological mother. She shared her hurt at the conflict her pregnancy has had on her parents. "Dad says it's my mum's fault

I am pregnant,” she reported. As a consequence, she no longer spends time with her father’s family, including her 3 younger half siblings whom she misses very much.

Kellie had been in a relationship with the baby’s father for 10 months before she became pregnant. They had discussed having a baby. Even though she had gone off the contraceptive pill, she was surprised when she found out she was pregnant as she wanted to wait till she was 19 years old and had finished school. When I asked her if she thought people saw her differently now, she defensively recounted several stories of unfair judgment by her peers and customers from her workplace at the local fast food restaurant. She expressed her sadness at changing friendships but also spoke of the closeness she now shares with her mother since her pregnancy. Kellie was one of the youngest women to attend the Happy Hut; she was also the most naïve, raw to life experiences. Her child-like, playful manner and delight at participating in new experiences reminded me of “a child in a candy store”. During the interview she joyfully recounted the thrill of learning new skills like zoomba and burlesque dancing, having a facial and learning to scrap book.

Nicole’s Story: ‘I don’t want it to be like that for my baby’

Nicole, a 19 year old first time mother with a six month old daughter attended the first Pinjarra group. She was a tall, extremely timid and quietly spoken young woman. Nicole did not engage with conversation unless spoken to directly. I noticed during the first few weeks of the program she often sat on her own observing the interaction of the other girls. Over the course of the seven months I watched Nicole’s demeanour gradually change. She became more confident and self-assured, both outwardly in her presentation and inwardly in her interactions with me and others, openly welcoming new members to the group.

She described her life growing up as “good” until her mother met a “bad boyfriend” when she was 11 years old and her life “pretty much went to shit”. During

the interview in a converted shed she shares with her boyfriend on his parent's semi-rural property, she disclosed physical abuse and recounted as a child witnessing daily volatile arguments and domestic violence. She left home and school at 15 years after an altercation with her mother's boyfriend that resulted in her being admitted to hospital. She moved around living in different friends' houses for a year until she met her baby's father and moved in with his parents. She openly described how her life changed when she met her boyfriend and how becoming pregnant was also the catalyst for change; "I didn't want to have any of that in my life anymore". She described the surprise and stress of falling pregnant after being with her baby's father for just two months. However, her role as a mother has changed her priorities. She now puts herself and her "baby first" and openly confessed that the most important thing is not to let her "hang-ups or issues" impede her parenting. Prior to attending the Happy Hut, she reported feeling isolated and alone on the property as she did not have her driving license or know any other young mothers in the area. Although she is supported by her boyfriend's mother, both emotionally and financially, she acknowledges the refuge she found in the Happy Hut; "it is just fun and you feel the good side of being a mum".

Serena's Story: 'I don't think so...I have never thought about it'

Serena, a 17 year old young woman arrived on the second week of the pregnancy program when she was 20 weeks pregnant with her first child. The program had been recommended by the midwife at the local hospital. Because she was feeling a little apprehensive, she brought her 21 year old sister with her for support. Serena grew up in a large mining town in the Eastern Goldfields of Western Australia. She describes her life growing up as "good" but that the town did not offer "much to do". Her parents divorced when she was 11 years of age and she described the experience as a "little bit hard". Her father moved to Melbourne and she lives with her mother and older sister. Serena described feeling shocked and scared when she found out she was pregnant but

soon became excited about being a mum. Her boyfriend was unemployed when she became pregnant which was stressful. He is now employed and lives and works in the city 80kms away from where she lives. She feels sad because of the distance between them and the little time they can spend together. However, she receives a lot of support from her sister and mother and spoke of her increased respect for her mother now that she is pregnant.

Since her pregnancy she stated that she has “grown up a bit”, and her priorities have changed. She is waitressing to save money and is more focused on her health. During her time at the Happy Hut I observed and interpreted Serena’s behavior in the group as shy, reserved and almost detached. The rapport I had developed with her over the previous weeks seemed to be of little significance as during the interview I found it difficult to protract any narrative. Her story was incomplete. Her responses seemed short and superficial. Her protective older sister sat at the back of the room during the interview listening and monitoring her answers. She reported not making friends at the Hut but mentioned that she had talked to a few people and feels relatively comfortable because the other girls are going through the same thing. She talked about learning of the stages of pregnancy and liked hearing the stories from the other girls about their labor experiences and what their lives were like once their child was born. She is ambivalent about sharing her hopes and dreams for the future and would advise other young girls to “talk to people more about things”. My last interaction with Serena was watching her smile and giggle as she celebrated her 38 week pregnant belly by painting it with bright colours and pictures. I later heard that Serena gave birth to a healthy boy and her older sister is now expecting her first child too.

Katherine’s Story: ‘My first baby straightened me out’

I first met Katherine when she was 20 weeks pregnant with her second child. She was one of the dominant characters in the group, loud, confident and an outspoken

storyteller. She was well respected by her peers. She described herself as a “bit of a control freak” as she recounted her obsessive organizational traits from packing the nappy bag to laying out her daughter’s clothes on the bed the night before. At the time of interview in a small room at the Happy Hut she was 38 weeks pregnant. I was surprised during our face to face interview that she was quiet, soft and shared some reflections on her life as a young mother. This was a very different persona to the one I had observed in the group situation. As the second eldest of four daughters, Katherine described her life growing up as “good”. Her parents divorced when she was 15 years old which she recalls was a “bit of a relief”. At 19 years of age she became pregnant with her first child. She had been with the baby’s father for 3 weeks and left the relationship shortly after she found out she was pregnant. She was supported by her mother and stated that she would have rather done it by herself than share her child with him. Katherine conveyed her long held desire to be a mum since she was a child. She said that her life changed when she became a mother and that her daughter helped her to “grow up” because she had someone who depended on her.

When her first child was a couple of months old, she met her current partner. They became engaged, bought a home and she became pregnant. She enjoyed coming to the Happy Hut, becoming involved, making friends and having a couple of hours break from her 23 month old. She loved chatting and listening to the other young mums’ stories. She felt that they understood what she was going through stating “You don’t feel left out of things because everyone else has done it before and they have experienced it so you don’t have to be hidden away and stuff”. She described the Happy Hut as relaxed, calm and peaceful and her experience there had taught her how to be a better mum.

Rani's Story: 'Your eyes get opened up'

Rani was one of the mentors of the group and had been attending the Happy Hut since she was 16 years old when she was pregnant with her first child. Over my 7 month observation period at the Happy Hut, I noticed that Rani did not readily share much of her personal story. She was a private person who interacted with the other group members superficially, sharing only the 'everydayness' of mothering in a well scripted narrative. From the interview I learnt that she was the second eldest of five children, her parents divorced when she was 15 years of age. She described this happening as "not that bad because we knew it was coming". During high school she became pregnant to her first love after three months of dating. Although surprised, she was excited because she was studying child care and always wanted children. She 'split' from her boyfriend and met her current partner when her daughter was a few months old. At the time of the interview she was 15 weeks pregnant, engaged and living with her partner's parents while they built their first home. She described her life now as happy and stable and she felt fortunate she has had the support of her mother and boyfriend. She loved attending the Happy Hut because it gave her time away from the house and she enjoyed time with mothers her own age. The experience had opened her eyes to the difference between people. She has learnt from their stories.

Mia's Story: 'Full on, loud, but worth it'

Mia was raised in Mandurah. As the eldest of two girls she described her childhood as "good" and her parents as "happy". She had finished school, relocated to the city of Perth and had started a new job when she realized that she was pregnant with her first child. Although she and her boyfriend had only been together for three months when she became pregnant, they decided to continue with the pregnancy. Her second child was born nine months after the first. They relocated to a small rural town, approximately 80kms from Mandurah to be closer to his parents.

Mia had been attending the pregnancy program for eight weeks before she disclosed that she was 30 weeks pregnant with her third child. One of the other group members had read about her pregnancy on Facebook and announced it to the group. Mia shyly acknowledged she was pregnant. She had not told anyone, especially her mother-in-law or friends. She told me that she wanted a big family because as a child she had felt lonely with only one sister. Her boyfriend also wanted five children close together because he had felt left out being the youngest child after a nine year gap from his nearest sibling.

She described her life now as “full on, loud, but worth it”. Mia loved attending the Happy Hut, and looked forward every week to leaving her house and talking with other young mums. It made her feel less alone. On first impressions, Mia exuded a calm exterior but openly acknowledged her fiery temper. She recounted to the group how she threw all of her boyfriend’s belongings onto their front lawn and set them on fire. Her open and honest reflections on her relationship with her boyfriend were a valuable catalyst for group discussions. Her stories often ignited and enabled candid discussions about real social and relationship issues these young women were facing in their lives.

Of all of the young women in the program, Mia appeared to need and be grateful for the Happy Hut most of all. It appeared the Happy Hut experience was her stable lifeline and provided the connectedness she desired. It acted as a vital buffer to the everyday obstacles to mothering three children under 2 years of age. The week after I interviewed Mia at 41 weeks of pregnancy, she was back at the Happy Hut with her three day old daughter and busy planning a girls’ night out for her 21st birthday the following week.

Annabel's Story: 'I needed some responsibility in my life'

Annabel was 16 years old and 3 months pregnant when she moved to Mandurah with her mum, dad and two younger siblings. She had been dating her baby's father for over a year but it was not a serious relationship, and during this time she was drinking and partying heavily. They had stopped seeing each other when they met up at a party and she became pregnant. She shared her fears at finding out she was pregnant and the realization that she would have to raise the child alone. Although she was living at home, she recounted her early motherhood experience as stressful and lonely. Her parents were working, her siblings were at school and she was home with her crying son all day.

Annabel, who presented as an attractive, hip, and wilful character in the group, revealed a softer more vulnerable side during the interview. As her 16 month old son groaned with a cold on her lap, she disclosed her hope of meeting a trustworthy, kind, caring and genuine boyfriend in the future. She had experienced a number of unsuccessful relationships but openly shared her longing for connection in a relationship. She also disclosed her strong desire to "go out and feel young again", however felt stifled by her new role as a mother. Despite these challenges she openly disclosed how motherhood had changed her. She recognized that she needed some responsibility in her life and loved having "someone to cuddle her".

Whilst observing Annabel during the education extension program on Friday mornings, I realized that for these young women learning is secondary to the social interaction they gain from the Happy Hut. With no time constrictions or limit on attaining their high school certificate, their focus and conversations revolved around Facebook, Myspace, weekend plans, boyfriends and career choices. Annabel enjoyed attending the program because she could interact, talk about her problems with other single mums and work at her own pace while her son was being cared for in the crèche.

Stephanie's Story: 'How do I look after the baby?'

Stephanie had turned 18 years of age when she starting attending the Pregnancy Program with her boyfriend of one year. She was 26 weeks pregnant with her first child when the interview took place in a small room at the Happy Hut. Stephanie grew up with her mother and older sister following her parents' divorce when she was 10 years of age. Her mother, who was a young mother herself, moved the family constantly. Stephanie recalls attending more than ten schools during her childhood. Her boyfriend sat in on the interview and interrupted Stephanie to answer some of the questions. He related how they had just moved from Queensland to get away from his dysfunctional family including his "schizophrenic, drug using brother and selfish mother".

Refocusing the interview on Stephanie, I learnt that she is now living with her boyfriend and her father who is the main source of her stress. Her father, who is an alcoholic with a history of violence, returns home drunk every night and "fights with everyone" including her boyfriend who "plays X-box games throughout the night". Although her family didn't know, Stephanie and her boyfriend were planning to have a baby. She says "everything changed" when she became pregnant. She loved thinking about her baby and became excited when she saw other children. She was worried about finances because her boyfriend was unemployed and expressed her desire to move out and away from her father. She named her mother and nana as her main source of support, however, when I enquired further, I learned that they live in Queensland.

For many weeks, Stephanie sat on the outer circle of the group, with a detached bemusement, only speaking when asked direct questions. Because of her disconnection from the group and my concern for her, I was relieved that she was attending the program. I was not surprised that during our interview Stephanie's story was inconsistent and constantly diminished by her boyfriend who insisted on presenting me with a different version of her story. At times, I felt that she was in a fantasy land,

displaying very little grounding in her current reality, including the major life transition of motherhood. However, when asked she described the Happy Hut as a “happy and welcoming” place where no one is “upset or angry” and where they teach her “how to look after the baby”. She hoped she can be a better mum than her mum and that her kids would love her more than her mum loved her. Stephanie only attended one more week after the interview. She did not return to the house, despite encouragement to attend the Life After Birth program when her baby arrived.

Elizabeth’s Story: ‘It will happen when it happens’ & Tabitha’s Story: ‘I just wouldn’t have time for a normal school’

I interviewed 19 year old Tabitha and 21 year old Elizabeth together one spring morning at the Happy Hut. They were both enrolled in the Education Extension Program completing Year 11 and were the only two young women to attend on that day. They were good friends and felt comfortable sharing their stories with each other, the teacher and myself. Tabitha had been with her boyfriend a year when she became pregnant with her now 19 month old daughter. She had left school and said “not much was happening” in her life, when she fell pregnant. She grew up in a small country town in the south west of Western Australia. As the second eldest of six children she recalled a strict, routine upbringing and hated not “being able to do anything”. She described herself as a rebellious teenager, skipping school and “doing whatever she liked”.

Elizabeth responded, saying that she had a much easier life growing up in Mandurah. She had no restrictions and did not think her mum cared about what she was doing. She declined to elaborate about her relationship with her two older brothers. Elizabeth had never met her dad. She had been working as a chef up north before she returned to Mandurah. A period of heavy drinking and partying preceded her becoming pregnant with her son. She had a month long relationship with her son’s father.

Life has dramatically changed for Tabitha since becoming a mother. She described how she did not venture out or party anymore, she “has grown up a lot” and her friendships with school friends were distant because they didn’t understand her new role as a mother. Elizabeth said she went out more now to unwind and relax; in her words, this helped her “let off steam” when she was angry or stressed. She said her heavy drinking hadn’t changed and confirmed Tabitha’s recollection that on several occasions, her friends have had to break up a fight between Elizabeth and someone else at the local nightclub.

When I asked Elizabeth to share some of the good things about being a mum, she candidly replied “my son is still alive”. Her 15 month old son was diagnosed with a complicated congenital heart condition at ten weeks of age, following admission to hospital with swine flu. She described the four and a half months at the children’s hospital as life changing. She vividly recalls how the doctors told her to say goodbye to her son and her blatant response: “I told them to get fucked, I’m not saying goodbye. And I didn’t and he is fine”. She attributes this experience to “dealing with shit a lot better”. This newly discovered capacity has helped her deal with her mother’s death of cancer three weeks prior to the interview. She said: “before I can’t deal with nothing, I am very short tempered and if something goes wrong I go right off the rails. Mum died and shit and I am cruising through.... I did pretty well”. This traumatic event that Elizabeth has endured at such a young age appears to be a crucial feature of the tough “I don’t care what others think” exterior she has adopted. Following the interview where I learnt of her mother’s recent passing, I was perplexed at the incongruence of her lively demeanour compared to the harshness of her present reality.

Tabitha caught Elizabeth’s attention and said: “you have us”. I took this opportunity of asking Elizabeth who she talked to about her problems. She proudly replies: “I talk to myself”. Strongly independent, she laughed, saying if she couldn’t

deal with it, she pushed it aside and dealt with it later. Both Tabitha and Elizabeth agreed that people “see” them differently now they are mothers. Tabitha relates getting “dirty looks” from her school friends and she recalled her parents telling her that “she was stupid falling pregnant”. Elizabeth gave an example when her son had slapped her across the face at the local shopping centre. In return Elizabeth had hit him back and was promptly approached by an older woman who told her in definite terms that her actions were inappropriate.

Both the young women reported that the Happy Hut was a place where they have made strong friendships, particularly since all of their children were a similar age and they were going through the same thing. For Elizabeth, learning seems to be secondary to the social interaction and support she receives, and she shared with me that she does not know why she is doing the education program; in her words “something to do”. However, for Tabitha the education extension program is crucial to her passing Year 12 so she can achieve her dream of going to university and becoming a paediatric nurse. I asked both of the girls what their hopes and dreams for themselves and their children in the future were. Tabitha articulated her desire to go to university. She wanted her daughter to be strong and confident and “not let others walk over her” as was her experience as a child. Elizabeth’s response was more fatalistic expressing her desire to make it to the next year.

Lucy’s Story: ‘I was always like a mum’

I interviewed Lucy under a tree in the local park. Lucy was 23 years of age, one of the eldest of the women who attended the program. Lucy was beautifully groomed with three impeccably dressed daughters. She immediately gained respect from the other group members. Even though I had spoken with Lucy every week over the last four months, I was surprised during our interview to learn of the challenges she faced during her childhood. Perhaps I had assumed that she had had an easier or more middle

class upbringing than the other young women in the group. Over the course of the interview, I heard that she was the eldest of five daughters who grew up moving around the countryside with her parents. In many ways she believed that she did not have a childhood as she was the “mini mum” with the responsibility of her four younger siblings. She could not recall how many different schools she had attended and openly blamed her family’s transient lifestyle for her hatred of school in her younger years. Her father was employed as a seasonal fruit picker until her youngest sister was born with a disability. The family then survived on a disability pension from Centrelink. At the age of 15 years her parents divorced. She spent several months with her dad in the eastern states before settling back with her mother in Western Australia where she attended Year 11 at the local high school.

Lucy was living with her mum when she met her partner. She then moved in with his parents. Her decision to do this was because living with her mum was “not a good environment, looking after kids and mum going out drinking”. She admitted that her life changed for the better when she met her partner. She felt “free, enjoying drinking and going to new places and even trying new types of food”. The relationship between Lucy and her boyfriend was a first love for them both. Although she was surprised to find out she was pregnant, Lucy was not worried about becoming a mother. She made reference throughout the interview to being proud of her mature, responsible and “mum type” qualities. Apart from a two month episode of depression when her third daughter was three months old, she portrayed her motherhood role as both joyful and comfortable. Lucy attended a local church led playgroup before attending to the Happy Hut. She described her feelings of judgment; alienation and being “looked down on” by the older mothers. She recalled this experience as “sad; as women we made choices; it doesn’t matter if you are 20 or 40 when you are a first time mum, you are learning and feeling your way through just the same”. Lucy was always willing to give

advice and share her parenting skills, and was admired by the other mothers. I felt that her motivation for attending the group was the satisfaction she gained from this helping role. She spoke of her need to get out of the house and to be around other mums and Lucy described the Happy Hut as a friendly, open, non-judgmental and relaxed environment.

She felt fortunate to have the support of her boyfriend and his parents. Lucy developed some close friendships with other school mothers from her eldest daughter attending school. She did not share, nor has she ever shared, a close relationship with her parents or siblings. Her father has re-married and Lucy's mother cares for her younger sisters with a female partner. The thing that struck a chord with me was Lucy's passion to complete her schooling following the birth of her first daughter. Her parents did not force her to attend school as a child because she protested so much.

Consequently, she missed a great deal of her schooling growing up. Despite her parents not valuing education, Lucy was determined not to be "one of those mums who didn't finish school" and wanted her daughter to "be proud of me". Fortunately, there was a crèche at her high school so she was able to complete Year 11 and 12 and still care for her eldest daughter during breaks. This had allowed Lucy to start an online Bachelor degree in counselling.

Shared Storylines – Metaphorical Themes

The narrative portraits reveal a poignant snapshot of these young mothers' lives as they share stories of fractured upbringings and complex lives. Nestled in all of the young women's stories was the overwhelming desire to create meaningful lives for both themselves and their children. The young mothers' stories revealed rich contextual meanings of what is relevant and meaningful to their motherhood experiences providing a valuable starting point for making sense of what it means to be a young mother in the community.

To introduce this study's metaphorical themes, I have included a Venn diagram (see Figure 9) with three overlapping circles to guide the reader through the young women's experiences of pregnancy and motherhood in the community. My initial attempts at developing a descriptive model resulted in a linear illustration; however, an uncomfortable tension arose between producing a one-dimensional analytical model to represent the uniqueness of the young mothers' experiences and narratives. Figures of this nature are always limited in that they cannot fully capture and represent the dynamic and complex nature of human experience. However, the figure is an attempt to highlight how key aspects of the stories intersect to form a meaningful plot for their stories over time.

The diagram below has three interlacing sections to represent the background of the young mothers, the young women's present experiences of pregnancy and motherhood and the role the Happy Hut played in scaffolding the young women experiences as they transitioned to motherhood. The interlacing of the different sections symbolises how stories are influenced by past and present life experiences. The Venn diagram also includes the interaction with community service, the Happy Hut and the wider cultural and social contexts helping to capture the young women's experiences in all their complexity, as "people living storied lives on storied landscapes" (Clandinin & Connelly, 2000, p. 145).

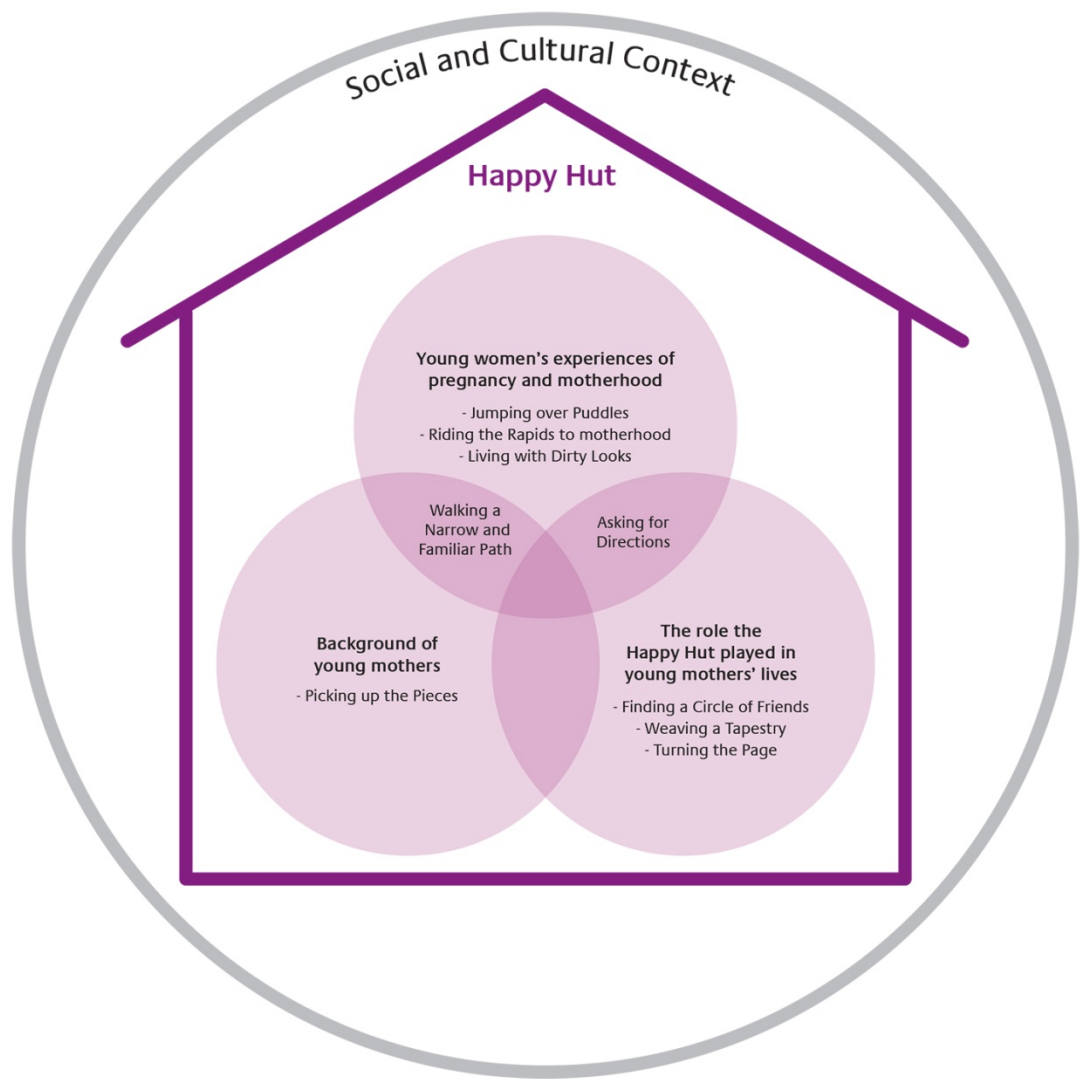


Figure 9: Thematic metaphors from young mothers' narratives

Background of the young mothers

In this section I will first set the scene, describing the beginning of the narratives as the young women share their backgrounds and early biographies of their life growing up. These themes I have titled *picking up the pieces* and *walking a narrow and familiar path*.

Picking up the Pieces

For some of the young mothers in my research study, life growing up was fragmented, fraught with family conflict, divorce and transient lifestyles. Of the eleven young mothers in my study, eight had experienced divorce, most during their early teens. Many of the young women talked broadly about their unhappy childhoods and

how they were often left *picking up the pieces* of their lives. These childhood experiences had played a major role in shaping their young lives and directing their life path. For example, both Lucy and Serena reported going to at least ten schools during their childhood which Lucy admits contributed to her dislike of school:

...like every town we would move to would be a new school so that's why I absolutely hated school....you had to make new friends and it was awkward (Lucy).

Recurring themes of family conflict were also seen in both Nicole and Stephanie's stories as Nicole recounted her story of how she became homeless:

Yeah, he (stepfather) is mental in the head; there would be arguments at the house every day and this happened for years too till I was 15 or 16 cause that is when I moved out of home because he ended up putting me in hospital from head butting me...I pretty much left home and moved around to friends (Nicole).

For homeless Nicole, a month long relationship with her boyfriend preceded becoming pregnant. Although her pregnancy was not planned, the circumstances provided the opportunity to flee her "old life" and an unhappy childhood environment as she recounted how her life changed when she met her baby's father:

I didn't want to have any of that in my life anymore. I just wanted to put it in the past because I was depressed, I think for ages, and I hated life and I just wanted to kill myself for a long time because of j. (stepfather) and all that sort of stuff but so then I met (my boyfriend) and that is when my life turned around (Nicole).

In contrast to Nicole who moved away from her toxic childhood environment to live with her boyfriend and his parents, Stephanie, who was six months pregnant, was still living at home with her father. As Stephanie recounted her stressful living arrangements, I was puzzled by her calm, detached demeanour as she displayed an attitude of resignation to her circumstances:

Erm, when my dad, every time he comes home he's drunk; he's like an alcoholic and he just wants to fight everyone and he's telling jokes; don't talk to me...all I want to do is scream but I can't. Like I want to slap him but you can't hit your father, it just doesn't feel right, hitting him (Stephanie).

As demonstrated in the stories above, some of the young women had to negotiate some significant life events, including high mobility, divorce and family conflict in their

formative years. Several of the young women in this study were deprived of basic resources growing up including access to a stable education, healthy role models, safe family environment and a nurturing community. However, despite this deprivation their stories revealed their remarkable ability to *pick up the pieces* as they responded and adapted to their changing and often complicated circumstances.

Walking a Narrow and Familiar Path

It was not surprising that some of the young women's stories were hazy, disconnected and vague, with a limited exploration of past and present. For some of the young mothers, attaching to a known and familiar path was the only viable option. This can be viewed as *walking a narrow and familiar path*, a culturally learned pattern of doing. This behavior is not exclusive to young mothers; developmentally, young people are often constricted in their lives displaying ambivalence and immaturity in decision making and constructing their lives and choices. Insights that emerged from their stories included a picture of walking a narrow path from one situation and experience to another because they didn't know of any other path to take. Their stories seemed to be void of conscious choice or decision making, some allowing external influences to dictate their life paths.

For many of the young women, their dysfunctional backgrounds did not prepare them for constructing a different life story. This was not surprising because without the practice or skills from the past to guide them they blindly followed the narrow path doing what they 'think they should do'. I believe for the majority of the young women, their youth and limited life experiences had resulted in 'thin descriptions' (Geertz, 1977) of who they were and where they wanted to go. The lack of insight and capacity to make informed, mindful decisions about their futures had been impacted by their decreased reflective and narrative capacity, a notion supported by Goodson and Gill (2011) who emphasize the significant relationship between an individual's narrative and

reflective capacity, and their ability to actively chart their life course. *Walking a narrow and familiar path* was echoed in all of the young women's stories to differing degrees. A decreased narrative capacity was demonstrated with frequent ambivalent responses to interview questions including uncomfortable "*I don't know*", "*maybe*" and unexplored responses such as "*I don't think so?*"

Examples of this perceived lack of control, choice and agency over making future decisions was evident in most of the young women's stories of falling pregnant. Ten of the eleven young women reported that their first pregnancy was unplanned, many of which followed shortly after a new or casual relationship. For Annabel, a night out drinking at a party preceded her unplanned pregnancy at sixteen years of age:

Um I was going off the rails a bit (laughs) like going out every night drinking and partying...and I had been seeing my baby's dad for like over a year but it wasn't anything serious like it was just like we were friends and stuff and we stopped seeing each other for a while and then we saw each other at a party and that is when it happened. (Annabel)

Stephanie was the only informant who disclosed actively planning her first pregnancy, although she admitted to telling her family that "*the condom broke*". While for some of the young women a discussion around the possibility of having a baby at a 'later date' was the fantasy that then became their reality. This was exhibited in Kellie's 'matter of fact' account of the ineffectual events leading up to her pregnancy:

Like, my boyfriend always wanted one, cos he's already got one but he can't even see her cos he's got like arrest or something on him, I don't know. And um so he's always wanted another one so he can see that one and see how it grows up and then um so I said I'll, you know, we'll have one when I finish school, I'm like wait until I'm 19 or something and he's like yay that's fine and then I went off the pill cos I'd been on it like for two years and then I got pregnant (mumble), so I thought okay. (Kellie)

Having a consistent sense of self is vital for identifying a future life course. One of the most striking accounts of a disconnected and vague narrative was given by Serena. Her ambivalence was displayed with silence, and a limited dialogue and ability to openly converse. This was demonstrated in mono-syllabled responses and frequent

inconsistencies in her story. Consequently, I could not gain a sense of who Serena was, leading me to assume from our interaction that she had very little preparedness for both life and impending motherhood. She appeared to be unable to focus or comprehend what was to come next in her life. This retreating characteristic could only be described as a 'default' survival mode where one attaches themselves to the safety of a known and familiar path. Serena's limited narrative and reflective capacity to articulate her story had prevented any active engagement in the future construction of her life and, subsequently, had blighted her life. When I asked her how she saw her future in five years she answered "*erm (pause) not too sure (laughs)*". This perceived lack of control was also evident in Elizabeth's reaction to the same question about her hopes and dreams for the future. Her fatalistic response was not surprising after hearing her story and the recent traumatic events she had suffered, including losing her mother and caring for her critically ill son:

To make it to the next one (laughs) still alive...bloody hell, just to still be alive...yeah (pause) yeah, I don't know. I don't like to plan things, don't need to think about things like that cos everything changes, so, don't know, it'll happen when it happens and time will tell, time will tell...I don't really have any hopes and dreams, just for my son to be healthy (Elizabeth).

A shared theme to many of the narratives was that young motherhood presented a familiar life choice. For example, some of the young mothers spoke of their childhood desire to become mothers, as Katherine shares: "*I've always wanted to (have children) ever since I was young,*" and Rani was studying child care at school because of her love of children. Interestingly, four of the eleven young women I interviewed were born to very young mothers themselves. In addition, the majority of the young mothers were the eldest in their family and learnt how to mother from caring for their younger siblings. This was typified in Nicole's story:

I know that it is a little harder than my mum actually said she reckons it is hell hard but because I was there when she had her other kids that is where I got most of my what I knew from so I pretty much expected what it would be like but

I just have to put a bit more effort in when it is your own kids not my mum's I would help look after the kids all of the time. (Nicole)

This familiarity and comfortable motherhood role can be viewed as either a culturally learned pattern or a way of seeking meaning and purpose through caring for vulnerable children. Whether the choice to become a mother was conscious or unconscious, I believe many of the young mothers play these traditional gender roles because of the narrowly defined perception of “who they are”. Motherhood offers an attainable goal, and a valued, meaningful identity. This is true for mother of three Lucy who reveals that her life has not significantly changed because she has always identified strongly with the motherhood role:

I was always like a mum so basically was this mature sixteen year old and then growing up, looking after my little sisters and then I basically went straight into looking after my own baby. (Lucy)

However, despite enjoying this role, Lucy recognized and resented that much of her childhood role was taken up with being responsible for her younger sisters. There was a sense of missing out or losing an opportunity for an alternate identity role to emerge, an identity that encompassed being young and carefree, as she expressed her disappointment:

I was the eldest I was always, sort of looking after my little sisters and stuff like that so, I was sort of like mini mum...I don't think I had much of a childhood in the fact like being able to go to friends' houses and just sort of be a normal kid sort of thing. I sort of had a lot of responsibility like, my youngest sister's had more friends over and stuff because I had to stay home and look after the young kids. (Lucy)

It is not surprising many of the young women in the study became mothers; the comfort of the known existence of motherhood offered security and for many of the young women was the one skill they felt they knew how to do well. It, therefore, gave them a sense of worth and achievement; this was illustrated in my field notes following a group session:

The girls were asked in the group this morning what their talents were; silence after silence from one girl to the next; none of the six young mothers could list a

talent. One of the mothers asked her sister who was also in the group. Her sister responded by saying that when she fell pregnant at 17 years old with her first child she had said to her: “well, I am not that great at anything else but I know I can be a good mum.” (Field notes 29th July 2010)

The sense of worth the young women achieved from motherhood was also revealed in Nicole’s story as she expresses how motherhood has added meaning and a sense of purpose to her life. She appears to value her life more now because she needs to care for her daughter:

J. (baby) comes first and I make sure I am healthy first now like I half cared before but I do care now because I have to be healthy to look after her Yeah. (Nicole)

Young women’s experiences of pregnancy and motherhood

This research study specifically explores through story how young women navigate a significant life event, that is, becoming pregnant and transitioning to motherhood. Motherhood for these young women was described as a significant turning point in their lives. It provided a compulsory crossroads whereby they could continue to *walk the narrow and familiar path* or embrace and respond to the new challenges of motherhood. Four metaphorical themes were created to capture the essence of their pregnancy and motherhood experiences and will be presented below.

Jumping over Puddles

A striking characteristic of these young women was their amazing ability to ‘jump over the puddles’ as they adapted to major changes in their lives. As the previous themes have highlighted most of these young women have been through significant struggles at such a young age and how they overcame adversities and changes in their lives is remarkable. They showed such resilient spirits. It seemed this resilience extends to their capacity to embrace and creatively adapt to their new mothering roles despite the many challenges they faced. This was clear in their attitudes toward being pregnant and becoming a mother. All of the young women interviewed did not hold the dominant

negative view of young motherhood. On the contrary, they viewed becoming pregnant and having a baby as opening doors that offered a meaningful maze of new experiences where “*everything has changed*”, as Mia reports: “*I have just become a different person*”. The metaphor *jumping over puddles* came to me after re-reading my field notes and the constant reference I made to the young mothers’ boundless energy and relaxed attitude to their everyday mothering roles. This playfulness seemed to be contagious as I found myself caught by surprise, having fun and participating in many activities with a youthful exuberance including burlesque dancing, zoomba and hula hooping. My field notes captured this:

I noticed today how much fun and how relaxed the mums are with their children. Today, while we were hula hooping as part of the dancing workshop, one little 10 month old boy who had just started walking was cruising around the room watching all of the hoops swing around the young women’s hips. The young boy’s face lit up, watching his mum’s playfulness while I nervously anticipated him getting hit by one of the hoops (Field notes 20th May 2010).

The overall tone of the narratives confirmed this observation, revealing the young mothers’ approach to mothering may be a result of their resilient characters and ability to remain tolerant and openly adapt to the multitude of changes in their lives. This was highlighted in the way Katherine spoke of her attitude towards parenting:

Take it as it comes, everything changes, everyone’s got different experiences I suppose they all, everyone, children are different, it kind of makes it harder for some people some children make it easier so, just yeah, take it as it comes (Katherine)

Elizabeth described her relaxed attitude to caring for her son after being on a “big night out”:

If I get home at 5 o’clock in the morning I’ll just watch TV, clean up the house and shit and go get him, seven, seven thirty I’m dealing with him for the rest of the day whether I’m hung over or what. I’ll deal with him, doesn’t bother me. (Elizabeth)

The young mothers’ resilient spirits and openness to change seems to play a central role in their capacity to actively assert the personal agency they require to meet and overcome obstacles and struggles in their lives while transitioning to motherhood.

These challenges included *riding the rapids to motherhood* and learning to *live with dirty looks* from the wider community.

Riding the Rapids to Motherhood

A major theme from all of the young mothers' narratives was how pregnancy and young motherhood was a turbulent but short transitional period which required one to hold on and *ride the rapids to motherhood*. The young mothers' narratives revealed the positive and negative experiences of their journey. This involved a complicated transitional period that was heightened by a myriad of developmental tasks including biological, cognitive, psychosocial and cultural transition to adulthood. Growing up is a challenging time for any adolescent; however, for these young women it is especially difficult as they negotiate the rapids to both young adulthood and motherhood simultaneously. For some of the young women the transition from child to mother was the catalyst for positive change as they shared stories of growing up, becoming more independent and responsible since becoming a mother, including Katherine who stated:

I've grown up more, grown up; I've got my life on track. My first child made me do that in a way, I think I was still a bit childish when I fell pregnant until I had her and then she straightened me out a bit....because I never had anybody to, you know, look after her. (Katherine)

This growing independence and responsibility was a shared theme throughout the young women's stories, including 16 years old Kellie who took responsibility for her decision to have a baby by telling me that it was not her mum's fault that she was pregnant: "*it was our decision to go down that road*". Or Tabitha, who recognized the consequences of falling pregnant, admitting that mothering, is "*so tiring and exhausting but yeah that's what you get for being a mum*".

Like most of the young mothers in this study, Elizabeth found that her new role as a mother had revealed some positive character traits like a resilience that she had not previously recognized in herself:

Elizabeth: Well I can deal with shit a lot better. Like, that's an eye opener, I can't deal with nothing. I never could, I'm very short tempered, very short tempered and if something goes wrong that's it, I'll go right off the rails... Yeah and then when mum, when H (son) got sick I dealt with things so much easier, ok I can do this and then mum died and shit. I just kind of cruised through everything, not let it faze me.

Gabby: You're stronger than what you thought you were?

Elizabeth: Mm, I never ever was, I couldn't deal with anything when mum first ever got sick, I went right off rails, right off rails and yeah, H (son) got sick and I thought, "uh uh". How the hell am I going to cope but I did pretty well.

For Tabitha, the birth of her daughter and her new role as a mother opened doors to positive change in her life as she proudly shared how people saw her differently once she became a mother:

Well they see that I've grown up a lot to what I was, I used to always go out and never come home and mum and dad didn't know what to do with me and then I met M.'s (daughter) dad and changed. (Shut up to Elizabeth who is pulling a face) so yeah I changed a hell of a lot. I've quieted down very much cos when I met; I wasn't going to school like. I'd go to school when I felt like it and didn't wasn't couldn't be bothered working and stuff and then fell pregnant with M. and everything changed yeah. (Tabitha)

Although all of the young women describe the transformative role of motherhood, their stories also portrayed the turbulence and challenges they experience. These include the difficulty in integrating the often conflicting roles of adolescent and mother. For example, when I asked Rani how her life had changed since becoming a mother, she light-heartedly responded by openly admitting and accepting how her life was no longer her own:

Changed my life, it's not my life now (laughs), it's hers (pointing to her daughter). Ummm probably all for the better, nothing bad and I don't have to go out and stuff but I don't miss that, like I still go out for dinner or whatever so.. (Rani)

This acceptance is in contrast to Annabel who struggles with the conflicting role of being a mother and her desire to be a carefree teenager as she shares how her life has changed:

Annabel: I used to go out every night and just do whatever I wanted and pretty much got myself killed half the time but I can't really do that anymore except

sometimes I do just cause I don't know because that is just what I like to do and I can't really change that. But I can if I really had too.

Gabby: How does it feel when you go out and you don't have any responsibility?

Annabel: I just feel young again like I used to.

Like the rapids these young women were riding to adulthood, their stories captured the forceful, dynamic and often scary experiences as they journeyed into uncharted, unpredictable waters. This experience created an awareness and change in the young women as they contrasted the experiences of themselves before and after becoming a mother. The experience of becoming a mother became a reference point that guided them towards an alternate story by expanding their view, thickening their descriptions of themselves which included becoming more independent, responsible, grown up and recognizing new and positive qualities in their character. They were able to recognize their transforming identity which was central to their growth and ability to adapt and successfully navigate the swiftness of their changing circumstances.

Living with Dirty Looks

Overall, motherhood was a positive turning point in the young women's lives, for some it even presented temporary respite from the heaviness of their difficult lives. However, it also presented some equally challenging risks. As discussed in the literature review, "teenage mums" are socially constructed in a deficit model. The stigma associated with their new social identity as young mothers could influence the way they view themselves, by further limiting and closing their narrative, and thus capacity for reflection, growth and active agency in directing their life course. This finding was revealed in the young women's stories of *living with dirty looks*.

All of the young mothers agreed that people viewed them differently since becoming pregnant or having a child. The majority of the young women portrayed a disconcerting image of learning to live with the stigma and *dirty looks* from their

family, friends and the wider community. Initially, this stigma was felt because of the early negative reactions from their family. This was demonstrated in Kellie's story of telling her mother she was pregnant:

I was like, I need to tell you something that's really important and she said you'd better not, you'd better not tell me that you're pregnant, I was like, sorry too late, I went to the doctors today and I am. She lost it 'What the fuck do you think you're doing, you know, this is your life, you know and you are throwing it out the window and all this' and then it took her about a week to get over it and she's all right now. (Kellie)

A similar response from Tabitha's parents who told her:

...you know you are stupid falling pregnant, and I said yes I know so my family didn't like it. (Tabitha)

Most of the young women voiced a strong sense of disappointment from reactions from friends, particularly if they were still attending school. This judgment was highlighted in both Tabitha and Stephanie's interview as they expressed their sadness about how friendships had changed since becoming pregnant:

When I first fell pregnant with M., all the girls I used to go to school with and stuff, they would erm, give me dirty looks and then I'd get dirty looks from like elderly ladies and stuff and just like....it bugged me because I was like youse all went through the same thing that we did so but, yeah. (Tabitha)

Oh, they just, they don't want to know me and all because they think I'm too young to get pregnant. (Stephanie)

A common theme through all of the young mother's stories was the stigma they felt from the wider community, in particular older persons at the local shopping centre:

You do get weird looks walking through the shops...the older women I think, I know some older women anyway give you that weird look like oh, here's another young one having children. (Katherine)

As the young mother's stories of stigmatism emerged, they seemed to react or respond to this stigma in different ways. Three of the young women gave examples of defensive defiance including sixteen year old Kellie:

I was so angry....(they) see you as like some skanky slut because you are pregnant but it is not like that at all you sleep with one guy and that's it you are pregnant first time. But they still see you as some skanky ho walking around you know and you have had all these different guys but you haven't and it is just like

you don't know half the story so I don't know what you are talking about....I am not putting up with it. (Kellie, pulling a face)

Four of the young mothers responded with an attitude of resignation:

I probably still get a lot of bad looks from you know, some older people in shops...it doesn't bother me, they don't know me, I don't know them, it doesn't affect me. (Rani)

...completely changes you when you become a mum and it doesn't help that most of your friends, if they're not mothers, they treat you differently because you have a kid so I just don't care anymore, that's the way it goes. (Tabitha)

Whilst Annabel and Serena agreed they felt people saw them differently, they had not explored or reflected on how others saw them: *"I don't know how people think of me"* (Annabel)

The stories of the stigma felt by these young mothers were not limited to the interview responses. On several occasions during my fieldwork the issues of stereotype and judgment by society spontaneously surfaced. All of the young women were quite united and vocal in their standpoint against the frustrating and stifling effects of constantly feeling judged by others, I recorded this in my field notes:

One young woman spoke of the pressure she felt from her mum to get married because "that comes first" while another young mother protested announcing to the group "Why? You don't have to be married to have children!.....one of the newer mums spoke of the "rudest fucking" bus driver who did not stop so she had to walk home in 40 degree heat with her pram and all of her shopping bags. (Field notes 6th May 2010)

For some of the young women, feeling outlawed by the wider community influenced their self-understanding and social identity as Mia describes how the objectified gaze of strangers at the local shopping centre made her suspicious of everyone who looked at her:

Mia: I think they are quick to judge, I think very quick to judge but maybe that is just me because I walk through the Forum and think everyone is staring, Yeah....maybe that is just me being paranoid.

Gabby: What do you think they are thinking in their head?

Mia: Oh my god is she an idiot (laughing)

The wider community stigma and judgment had also affected Lucy's confidence as a mother as she described an overwhelming need to prove to others that she was a good mum:

I didn't want to accept (any help)because I was a young mum if I accepted I felt like maybe I wasn't doing a good enough job. (Lucy)

For Annabel the stigma had affected her perception of self, reinforcing a 'thin identity description' (Geertz, 1977). The constant 'outer' judgment seemed to contribute to her 'inner' deficit dialogue that portrays young mums as 'abnormal' or 'different' from the conventional middle class home where a child receives a normal upbringing as she speaks of her dreams for her son:

I just want him to have a good life like grow up like a 'normal child', go to school yeah. (Annabel)

The consequences of this real and perceived stigma from the wider community had a far reaching effect on the young mothers' lives. Their stories tell of how their identities were vulnerable to the effects of external stigma associated with being a young mother. This was demonstrated in Lucy's story as she found it difficult to finish school when she became pregnant because of the isolation and judgment felt from her peers:

I kind of felt like I wasn't really in the group, I was sort of like an outsider looking in kind of thing, like I didn't feel like, like I was sort of lost. (Lucy)

The external stigma felt by the young women can potentially become a negative internal self-stigma closing her narrative and limiting the young mother to the role of "just a teenage mum". Without adequate resources, positive role models, development of life skills and a strong sense of self, it is extremely hard for young mothers to challenge and push back against these dominant community views. Consequently, the risk of these young mothers unconsciously adopting this perceived stigma is very high. The wider community stigma placed on young mothers has significant ramifications in relation to them accessing mainstream health, education and social services. At a time when the young women need more support, societal stigma seems to oppress and

further disempower the young mothers by socially dislocating them from mainstream schooling, health and social services. The scope of this research project did not specifically focus on the engagement of young mothers in mainstream health care services. However, it is interesting to note that the demographic data showed that five of the eleven young women did not access any community health services, including their General Practitioner (GP), midwife, child or school health nurse. It appears that the *dirty look* stigma felt by these young women had extended to a distrust of formal health care and education providers. When asked how the Happy Hut was different to other services, Tabitha, who was enrolled in the education extension program, responded that the Happy Hut:

... (they) actually care on how you feel and how you're going and everything else, like at schools and stuff, they don't really care. They're just like, oh we'll deal with it out of school or rarara so it's good. (Tabitha)

These comments were echoed during informal fieldwork group conversations regarding health services, including GP's, who would not take the young women's health concerns for their child seriously, to Lucy's story of feeling diminished by the midwife following the birth of her first child:

Today I arrived and sat in the living room with the young mothers, they were sharing stories of their midwives while they were in hospital. Lucy told the group that she was so exhausted after having her first child and fell asleep only to be awoken by the midwife grabbing her "boob and shoving the baby onto it". She hated it, felt violated and did not want to breastfeed after that and gave up. Mia shared with the group that her midwife had laughed at the name she gave her first child and said that he would be teased at school, she retaliated by telling the group that the midwife's daughter's name made her sound like a "slut". (Field notes 29th July 2010)

In many of these incidents the young women's stories showed that they are on guard and almost expecting to have to defend themselves against the dominant healthcare culture. This is revealed by Kellie who, at 30 weeks pregnant, had not attended any antenatal health care services but stated:

Kellie: Like if you go and see a midwife or something and they would be really nasty.

Gabby: Have you encountered any midwives or community nurses that have been nasty?

Kellie: I haven't seen anybody like that yet....

In contrast, there were also stories of 'beautiful' midwives who stayed past their shift to deliver their babies, as well as Nicole commenting in her interview: *"I loved my midwives because one of them gave me foot rubs during the birth"* (Nicole)

I encountered firsthand the stifling stereotypes young mothers face within the wider community. During my study, I was contacted by my university public relations department to feature a story on my research in the local community newspaper. Knowing how important funding and exposure is to the continuation of the Happy Hut, I promptly agreed. I was suspicious, however, as early on during my fieldwork, the co-ordinator had shared her anger and frustrations at a radio station that took her quote out of context, further compounding misconceptions of young mothers held by the wider community. I had invested a great deal of time and effort in building rapport and trust with not only the Happy Hut facilitators but also the young women and felt very protective of their stories. After the interview with the public relations journalist, I instructed her to email me her article for approval before printing. Despite my previous knowledge and wariness of the media, I was astounded at the sensationalist and misleading article which described the Happy Hut as providing "much needed support" and the use of words such as "cope" and "suffer". This incident just stands to prove that the dominant discourse of young motherhood still focuses very much on a "deficit" and "at risk" dialogue rather than an "at promise" or "young women of possibility" image. These perceptions shape both service delivery and young mothers' views of themselves, adding credence to the importance of listening and generating new understandings and perceptions of realistic experiences of young motherhood. I hence re-wrote the article with the approval of the coordinator of the Happy Hut.

Asking for Directions

All of the young women demonstrated resourcefulness by *asking for directions* to successfully navigate and adapt to their new motherhood roles. Their responses included recognizing the need for support during this challenging transitional time. Their ability to activate these support systems and resources was a crucial part of their developing personal agency and had a significant impact on how well they managed this transition. Their stories illustrated how they successfully accessed the social or cultural resources available within their lives. These included finding people, places and spaces within their community for support.

During the interview the young women were asked to identify what support they had accessed. Six of the eleven young women named their mother as their main support person during their pregnancy and early motherhood experiences, especially in relation to providing emotional support and parenting advice. For many of the women, their pregnancy or becoming a mother has changed their maternal relationships, bringing them closer together:

It has brought me and my mum closer together like she is always touching my belly and trying make him move but he won't move and yeah it is all good.
(Kellie)

I respect her (mum) a lot more now. (Serena)

Five of the young mothers also named their partner as a significant support person. For Lucy, who has limited family support, the support she received from her partner was an integral ingredient in her ability to successfully parent three young daughters and start a course at university:

(my partner) yeah he's always there...like I have a couple of friends who were young and they always had their mums there to babysit and always had their mums supporting them and everything like that but me and (my partner) never had that...I think a lot of people thought we did have a lot of support because we looked like we were doing it so easy kind of thing. It's like this happy family but it was us doing everything, all the time we did everything for them. We're like, you know, so he's the one that most supportive. (Lucy)

According to several of the young mothers their baby's father's parents also played an important supportive role. Three of the young mothers interviewed lived with the baby's father parents and four named their baby's paternal grandmother as the person they would most likely ask for advice. For Nicole, her boyfriend's mother was the first person she told when she found out she was pregnant and Mia's mother-in-law provided tangible support by regularly babysitting her older children so she could rest during her third pregnancy.

Annabel, who is living at home, named her parents as a main source of support but would seek out friends if she was worried about something or needed parenting advice. This was because of the conflict she experienced at home with her own mother over raising her son:

It is a bit annoying because mum tries to tell me how to parent him and I know she is just trying to do the right thing and she might think I don't know exactly what to do but I find it really annoying because he is my son and I know what to do now. (Annabel)

Sadly, Elizabeth who had just lost her own mother could not name anyone to turn to for support or advice as she described a recent incident where she repeatedly felt the loss of not having her mum around:

I always rang my mum if it was that much of a problem that I couldn't deal with, I'd always go to mum but yeah, can't do that (laughs) ...like last night one of the girls that comes here, she's pregnant and running a temperature and she's going, 'is it bad for the baby that I'm running a temperature', and I sent her a message back saying, 'hang on, I'll ring my mum', and she was like, 'what?' (laughs) oops, I so can't do that. (Elizabeth)

For some of the young women, the Happy Hut was the only community service they were attending playing a vital role in developing new friendship groups and broadening their worldview and access to other young mothers stories. As revealed in the backgrounds of young mothers, a lack of positive role models, a perceived lack of control over their life course and limited skills and ability to make positive life changes were a result of the thin descriptions they held of themselves. After recognizing and

experiencing their changing role as new mothers, the young mothers' narratives opened to reflection, inquiry and they started *asking for directions* in order to successfully navigate and transition to motherhood. The Happy Hut provided the space and supportive environment to explore their new roles. This was an essential social resource during this challenging time for two main reasons. Firstly, many of the familiar structures of their old life have broken away, including high school and friendship groups. Secondly, they recognised and needed guidance and support to successfully navigate their new motherhood role with confidence and purpose. This was displayed in Tabitha's story as she described how she approached other young mothers at the Happy Hut for parenting advice:

Mostly my mates because they are going through the same thing, people say why don't you go speak to your parents; I was like, I don't know, just rather speak to the girls. Cool, all the kids are all the same age so we're all going through the same thing. (Tabitha)

The Happy Hut provided social support and direction through the tangible and flexible programs they offered. The course content was chosen by the young mothers on a needs basis. The facilitators would ask the young women what information they needed and planned subsequent sessions accordingly; these sessions included what to pack for the hospital and how to settle a newborn baby. For Stephanie, who was twenty six weeks pregnant and living at home with her alcoholic father, this information was vital as it was the only source of support and direction she would receive before the birth of her baby. This was typified by her response to how the Happy Hut supported her: *"How to look after the baby, how to support her"* which she expressed with a sense of relief and gratitude. Another tangible resource offered by the Happy Hut was an outreach education extension program funded by the Education Department of Western Australia. Although the overall aim of this program was to complete their secondary schooling, much of the focus was on the development of life skills. This innovative program recognizes and values the social and practical aspects of learning in contrast to

the traditional academic high school model of rigor, intellect, mind and work that focuses on only one part of the human experience of representational knowledge (Miller Coffel, 2011).

During my field work, the young women engaged in a variety of learning activities from positive parenting program (PPP), cooking healthy meals and completing accredited first aid courses. These life skills were aimed at developing the young women's ability and competence to actively chart their lives and were appropriate to their changing needs as young mothers. This was especially true for Annabel who constantly referred to her need to gain her high school certificate so she could get a job. This desire was raised on several occasions during our time together including a series of stories that started with trying to find a job while she was pregnant:

I went to go find a job and everyone would like look at me Nup, you not working here but they wouldn't say it was because I was pregnant but I could just tell it was. (Annabel)

This led to our conversations during fieldwork where she shared how she had been researching different jobs which had helped her clarify future job aspirations:

I'm doing a career brochure... I chose body artistry but I am not sure I really want to do that now that I have researched it I don't know whether I want to do it anymore. (Annabel)

For Annabel, who found her new motherhood role challenging, getting a job was the solution to her problems as it would provide her with the time-out she craved and give her a sense of purpose as her own woman:

I just need to have some time for myself and like and get my life back and not looking after him every day. (Annabel)

As revealed in the thematic metaphors above the young women share many of their positive and negative experiences of pregnancy and motherhood. At the heart of their stories is the transformational power of the motherhood role, for many acting as a reference point to guide them toward an alternate and wider life path. Their resilient spirits and openness to change reflected in the metaphor *jumping over puddles* assists

them on their journey as they *ride the rapids to motherhood* and learn to *live with dirty looks* from the wider community. Most of their support comes from their peers as they *ask for directions* and guidance in negotiating their new motherhood roles.

The role the Happy Hut played in the young mothers lives

This study used story to explore the role the Happy Hut played in scaffolding the young women's experiences as they transitioned to motherhood. The role this service played in the young mothers' lives was captured in the following three metaphorical themes, *finding a circle of friends*, *weaving a tapestry* and *turning the page*.

Finding a Circle of Friends

A shared theme in the young women's narratives was the significant role the Happy Hut played in supporting their transition to motherhood. There was a strong sense of connectedness in *finding a circle of friends*. The Happy Hut offered a point of connection providing a safe geographical space where the young women, were received, affirmed and valued for who they were. This sense of place and belonging, together with a high degree of trust in the relationships formed between the facilitators, young mother peer educators and young women attending EWO programs was a valuable support system. The young women used words such as 'open', 'relaxed', 'comfortable', 'warm', 'fun' and 'welcoming' to describe the Happy Hut. For Nicole, the sense of belonging she felt for herself and her daughter when she attended is highlighted in the following comment:

I feel like everyone is happy to see us and the kids all love J. which is good, I love that... when you go to the Happy Hut they are just fun and you feel the good side of being a mum, like you can still have fun and stuff. (Nicole)

The young mothers described how *finding a circle of friends* connected them to other young mothers who were going through the same experience. The notion of finding 'people like me' and 'people who understand me' was a significant experience that

benefited the young mothers in two ways. Firstly, the Happy Hut provided a crucial space to escape the isolation of young motherhood. For some, the time at the Happy Hut was the only time they left their homes, especially for those who were too young for or could not afford to obtain a driving license. This relief from isolation was described by Nicole during her interview:

Just to get away from home, it is driving me insane staying here (home) all the time and it is just good to get out and see other mums and like hear their problems and see the other kids and hear how their problems and a bit like that. (Nicole)

Secondly, it provided them with a sense of comfort knowing they were not alone. This was articulated by Mia:

I leave the house; I look forward to it every week, um just nice to talk to somebody who is in the same position as you yeah...that I am not alone. (Mia)

Annabel used similar words as she seemed to draw strength from knowing that she was not alone, using self-affirming words to describe her motherhood journey:

...just that we are all going through the same thing and it can be hard at times but you just have to get through it. (Annabel)

The Happy Hut seemed to provide the community conduit for the young mothers to connect with others, a point of connection to establish new social networks and develop new friendships. Many of the young women reported on the real and perceived stigma they experienced from school friends since becoming a mother. The disintegration of these school friendship groups were replaced with new connections with other young mothers they met through attending the EWO Programs at the Happy Hut as articulated by Elizabeth:

So I don't talk to half of the people I went to school with or friends with any more so, only the girls pretty much here...(Elizabeth)

The social aspects of the Happy Hut were crucial as it provided the young women with a sense of place within a shared peer group and social identity. This was expressed by Katherine who describes her positive experience at the Happy Hut:

It gets me involved with other young mums and make new friends... They're all great; everyone's got a positive attitude pretty much. They're all; they all understand or have gone through the same thing pretty much so. It's good because you don't have to feel erm, what's the word, like left out of things because you know that everybody else has done it before. They're experienced it so you don't really have to be hidden away kind of (laughs). I don't know, I just like it here, it's nice and calm and peaceful. (Katherine)

During fieldwork, I became aware of the significance of the social aspects of this community service, which often appeared to take precedence over the more formal learning structured programs. This was confirmed and recorded in my weekly field notes as I observed the majority of young mothers staying past the allocated morning session times to socialize and some returning several months after their program had finished, to chat about what was happening in their lives or seek advice from mentors and facilitators. The Happy Hut provided a safe space to just "be," mainly due to the non-judgmental environment and trusting relationships that were formed between the young mothers and facilitators. This was expressed by a cautious, almost cynical Kellie who seemed almost surprised by her positive experiences at the Happy Hut as she describes the service as:

...really welcoming and nice but then you had all of the other mums there and they know how you feel and been through, they know what it is like and been through it, it is really good, it is nice to know that there are other people here as well that aren't so horrible. (Kellie)

The Happy Hut also provided respite from the 'dirty look' stigma and judgment they felt in the wider community. According to Elizabeth: "you don't have all the cattiness and the bitchiness and all that so it's good" and Lucy talks broadly of the safety she felt at the Happy Hut:

Everyone seems very friendly and open and like, no one's judgmental or, everyone's just. Like you can just do whatever you want with them. You don't feel like you're judged or you don't feel like when you're out in public sometimes like you can see like an older mum or grandparents and stuff sort of look down on you sometimes. Like you just feel like that, but there it's like there's all young mums around you so it's like it's just this comfortable, happy, relaxed environment. (Lucy)

One of the most powerful indicators of the value of providing safe spaces for young mothers in the community was expressed on one of my last days of fieldwork. A new young woman had joined the circle after being referred by Department of Community Development. A mother of five children now, she was struggling with some significant and isolating life issues and was asked where she had last felt safe and valued. She had told the Department about the EWO program she had attended ten years prior during her first pregnancy. Sitting in this circle witnessing this woman's story, was a clear affirmation of the significance of safe places in our communities where people feel they belong, a place where their story is acknowledged and heard.

The interrelated nature of safe places and constructing one's identity is important to consider as one's identity is conveyed and communicated in our interactions with others. Identity is also constructed through the process of exchange between people and institutions making time, space and location an important factor to consider when discussing identity (Goodson & Gill, 2011). For the young mothers in this study, the community space provided the *circle of friends* they needed to support them while they negotiated and made sense of their new motherhood roles.

Weaving a Tapestry

I think the use of the metaphor *weaving a tapestry* cuts straight to the core of my research study. By providing the geographical space and safety of a *circle of friends*, the Happy Hut presents the young women with the metaphorical space and time to story their lives. Like the interlacing of threads in a tapestry, sharing stories adds to their identity and plays a significant role in thickening their life story (Geertz, 1977). This is consistent with Goodson and Gill's (2011) argument which suggests that a:

narrative encounter has the potential to transform a person's understanding of him/herself, their narratives, and above all, to change a person's courses of action and align them to the individuals' values and purpose in life (pp. xv-xv).

The space to access, share and witness each other's stories within this community service was beneficial in three ways. Firstly, it provided the platform for stories to be told and acknowledged, for many of the young women this was the first time they had been asked to tell their story. For Nicole, this was a powerful experience as she expressed to me that no-one had ever asked her what it was like to be in her shoes. She not only shared her story of *picking up the pieces* of an unhappy childhood but also shared the 'sparkling moments' of her life when she became a mother, a statement she made with pride.

Secondly, the process of storying one's life increased the young mothers' access to a new source of ideas increasing their world view and broadening their perspectives. Listening to each other's stories extended their current vision, broadened their exploration of self and location of place in the world. This is a key element of narrative learning within a community and supports the concept that learning is about 'becoming' (Goodson & Gill, 2011). Sharing, acknowledging and witnessing each other's stories represent the interlacing of threads in the tapestry; the more threads, the stronger and richer the tapestry. This theme was highlighted by Rani who described how the Happy Hut had opened her eyes, adding to the diversity of her tapestry by broadening her perception of the world:

Just different stories and things, just different people have different pregnancies, completely different, different kids, they act different. Different circumstances, different home lives and everything. You just, your eyes get opened up to how many different, you know, ways people lives and stuff. (Rani)

Katherine also felt that she was 'learning about life' from the other young mothers:

It's just good to just sit here and have a chat with the mums and learn about their life and what they're gone through as well as you so it's like not everything that you do in life. (Katherine)

Thirdly, for many of the young women the turning point towards motherhood provided the catalyst for re-viewing their stories, making sense of their past and actively re-scripting their stories. It provided the catalyst for asking important questions like:

who am I? Asking these questions showed a beginning desire to locate their own stories and self-identities to the broader picture of their lives, which Goodson and Gill (2011) state “is simultaneously cultural, historical, social and personal” (p. 6). In essence, the storying process was the key to *weaving a tapestry* and developing reflective and narrative capacity to re-script future storylines. This was demonstrated in Nicole’s story as she tried to put her past behind her and actively chose a different path and life for herself and her daughter:

I want her to have a secure future and a good home for my child cause like at the start with my mum it was very comforting and a nice home but once we moved to Australia it didn’t feel like she was there for me and it was just hard growing up and I don’t want it to be like that for J. Yeah. (Nicole)

This statement by Nicole showed a growing awareness and differentiation of where she had been and where she would like to go. This was also echoed by Stephanie who responded to the question of her hopes and dreams in the next five years with her wish to: *Be a better mum than my mum was, love her (baby) more than my mum loved me.* However, despite Stephanie articulating her desire to be a better parent, she had limited reflective capacity, life skills or agency to make the sustainable changes in her life. She also lacked the appropriate role models and support within her family to assist in achieving her dream. Of all the young women in this study, Stephanie was in most need of a safe space and support to facilitate her journey to motherhood. However, she only attended the group a handful of times and, despite attempts to contact her, she did not return to the Happy Hut.

Story was actively encouraged in many of the structured programs to assist the young women in developing their personal agency and active engagement in the future. For many, the act of telling their story helps link their past, present and future, widening their lens to hope and possibility. I observed this opportunity to story and learn about their identities on multiple occasions, including during an art therapy workshop:

Today I am at Pinjarra and I joined a group of 6 young mothers who were doing a colour workshop with a local art therapist. We were all seated around a table and asked to paint with water colours, different shapes and forms, depending on how we felt. The colours related to different chakras as the facilitator used words such as intuition, emotional intelligence, knowledge, truth, openness and wisdom. I was aware that the majority of the girls were enjoying painting but were a little apprehensive about sharing their story and how they felt about the different colours. However, by the end of the workshop with prompting by the facilitator, the young mothers were actively engaging with each other, sharing some of the qualities they most wished for in themselves and reflecting how they could bring them into their lives. The young mothers were encouraged to story their lives, extended to think about where they are and where they would like to be. (Field notes 27th April 2010)

Other insights that emerged from the value of having space and time to share stories was how it provided a powerful catalyst for learning. This learning space was observed during my observations:

Today they joined the young women from the Pregnancy Program and Life After Birth groups together. I sat in the circle with ten young women, some pregnant with their first child and other mothers already with multiple children. The facilitators asked the young mothers to share their birth stories with the pregnant women. The stories ranged from cracked nipples to advice on freezing sanitary pads to place in underwear following natural childbirth. One young 17 year old girl, who was 23 weeks pregnant with her first child, shyly asked about pain relief and expressed her fear of pain during labour. Having worked as a school nurse and taught in classrooms about health for many years, I know of the struggles I faced in getting health information across to young people. Here, I am witnessing an atmosphere of openness, adaptable learning and valuable tacit knowledge exchange is occurring. (Field notes 2nd September 2010)

In this example, the young mothers, who had already experienced giving birth and had newly adapted to their motherhood role, were used as the trusted translators of “what to expect” (Wierenga, 2009). The learning was valuable because the new mothers understood what it was like for the pregnant girls so they were able to present the information in a way that was meaningful and relevant. Within this social context, the process of *becoming* and learning was organic and spontaneous, providing an intangible social and cultural resource in the young mothers’ lives. The young women initiated their desire for knowledge and were exposed to viewing new ways of interacting with their problems or fears, a clear indicator of successful knowledge exchange and a developing personal agency. This finding is consistent with Hall, Coffey and

Williamson (1999) who found that open spaces and non-judgmental learning areas for young people can contribute to skills and value being caught and taught. These claims of learning from each other were echoed by many of the young mothers, including Lucy, who described how she acquired advice from other young mothers:

Just to go there and talk to other mums and be around other mums, it's just so, it's so supportive to get out of the house and just go and hang out with other mums and have it, like talk about different things and get advice. Like one mother, mum might be doing something and she's got the same age kid as you and then you're like, 'oh that's a good idea'. (Lucy)

This learning exchange was also observed between the young women and health professionals who facilitated some of the EWO programs. Several times during my fieldwork I observed the young women seeking out health information, including the community midwife planting a tree on the property, listening to young mothers' stories and then including health literacy in her own motherhood story. Within this learning space, the power seemed to shift, as the health professional was now in the young mothers' space. The knowledge was desired and valued by the young mothers, and thus effective and potent learning was taking place. For instance, Mia asking the midwife about expressing her breast milk after having a drink on her 21st Birthday, or Kellie admitting that it “*made her stop and think*” as she became more aware of her interactions with her boyfriend after a discussion on healthy relationships:

I learnt a lot from that Mark fellow when he came in to do the relationship one. It made me stop and think about the way that and how I am so distant from my partner and stuff...I try not to get so angry and I try to stop and think about how I maybe think is affecting him too so I stop and I'm like yeah and then we will talk about it. It has made me realize something about the way I treat him and stuff... (Kellie)

It was also interesting to collect some contextual information from three of the young mothers who were completing the education extension program at the Happy Hut. Traditionally, young pregnant women have found it difficult to finish school because of the structural and social dislocation they experienced from mainstream schools (Miller Coffel, 2011). For Tabitha, having the Happy Hut offer the education

extension program meant that it significantly decreased the barrier to completing her high school certificate which she needed to get into university to become a paediatric nurse:

I just wouldn't have time for a normal school....It's good here because it's really hard for mums to go back to school when they've just had their kid cos you have to put them in day care and all that and it's just so much hassle. But here you can take them with you, they're just across the room... When I heard about this I was like, Yes, good I can finish my schooling....it is easier being here than being in the classroom...because you have the one and one time with the teacher if you need it (Tabitha).

Within the context of this community space, the young women accessed, shared and witnessed each other's stories, providing a powerful catalyst for learning and agency to make informed decisions in their lives. These decisions could potentially transport them from their current reality to reaching their goals and dreams for themselves and their children. From a community health perspective, this finding has significant value in relation to how we deliver both educational and social services for young mothers in the community, especially in relation to increasing young mothers' health literacy.

Turning the Page

For many of the young women, the Happy Hut provided the opportunity and skills needed to start *turning the page* and actively engage in re-scripting their lives. A sense of belonging, a safe place to share and reflect on their stories and learn from each other, provided the impetus to transgress the socially scripted, stereotypical 'teenage mother' master narrative. I witnessed, over the seven months of field work, amazing transformations as many of the young women started to discover new parts of themselves, opening their stories to hope and possibility and beginning the journey of actively 're-scripting their story'; for many, becoming the 'leading lady' in their own life story. *Turning the page* was symbolized in many different ways. For some of the young mothers, it was the acknowledgment they felt after sharing and acknowledging each other's stories; for others it was making amends and choosing a different path from

their past. For Kellie and Annabel, their capacity for making sense and reflecting on their actions and consequences of prior choices was demonstrated in their honest self-analysis as they both shared how retrospectively they would have chosen a different story for themselves:

Don't get pregnant, that would be one of them...because I mean even though you're getting a reward at the end, it's not worth it. I mean you've still got your life and stuff and it's just a step in the way of you not doing it cos you're more likely to drop out of school and not complete anything so finish school first and then think about having kids then instead of thinking about kids and then school, it's just like, that's what I should have done. (laughs) (Kellie)

Make sure you are in a long term relationship before you like decide to like have sex. (Annabel)

The support and social resources received from the Happy Hut seemed to provide the essential scaffolding needed to assist their transition from the safety of the known and familiar story to a new page and chapter in their lives. The Happy Hut provided the space for the young women to just “be”, to reflect and accept that although they may not be able to change the outside culture, that they can change themselves and their attitude towards their value in society. *Turning the page* involves growing up, taking responsibility for one's own life, including the space for reflection, learning and development. As the stories of these young mothers emerged, I witnessed the realisation of new and empowering narratives, narratives that challenged the perceptions and deficit discourse of the wider community. This was visible in Rani's interview as she shared her advice for other young mothers:

Just that you can do it, like, look how many people are here that have done it, I've done it. Like Yeah. Just don't let other people make you think you can't do it. (Rani)

Drawing from her own experiences as a young mother, this quote demonstrated Tabitha challenging and rejecting the “teenage mum” stereotype by recommending to other young mothers, life instructions that included a strong mantra of self-reliance:

...don't let people walk over you, at all. Cos it doesn't get you anywhere, through my experience and stuff so, if you are determined to do something, do it and don't let anyone push you away to that, so yeah. (Tabitha)

Many of the young mothers' narratives revealed active engagement in re-scripting a new story after reviewing and making sense of their past. This is consistent with aspects of any narrative work because:

...in order to have a sense of who we are we have to have a notion of how we have become and where we are going (Giddens, as cited in Goodson & Gill, 2011, p. 13).

This was expressed in Lucy's story as she shares how her relationship with her mother was different from that with her own three daughters:

Like, I haven't really got a close relationship with her (mother).....which is kind of, really quite sad. Like I wish that I would but it just yeah, we just, she like, she never was like the huggy type mum or the kisses and hugs, she wasn't like that which is what I am with the girls. Like I'm trying to be that kind of mum that I wanted to have so... (Lucy)

Of all of the young women in the study, the transformational growth was most significant in Nicole, who grew from a shy, insecure young woman to a confident, animated mentor, welcoming new members to the group and leading the healthy eating program in the communal kitchen. On my last visit to the Happy Hut, Nicole had excitedly approached me, telling of her impending trip overseas to engage in some volunteer work at an orphanage, a statement she made with pride and a liberating enthusiasm. This example typifies the power of narrative learning and the importance of "meaning making and having a coherent sense of oneself are crucial for an individual's integrity and for identifying a course of action in the world that shows congruence with one's own identity" (Goodson & Gill, 2011, p. 15).

Within the context of the Happy Hut, I witnessed many episodes of reflection, learning and development. The young mothers' experiences at the Happy Hut assisted them to bridge the gap between their current reality and obtaining future life goals and dreams. Lucy found sharing her motherhood experiences and knowledge with other

young mothers added a sense of purpose to her life by broadening and thickening her story and narrative identity. This provided her with the impetus to enrol in a counselling degree at university and she disclosed how she likes how the other girls look up to her:

Yeah and I like giving them advice cos I like talking with people and stuff. It's like, it's what I want to do like my counselling and stuff, it's like I like to help people. Like if I can help them then I'll give them advice you know so yeah. (Lucy)

Five of the eleven young mothers in this research study were asked to continue on at the program and become mentors for other new mothers joining the program. Three of these mentors are now completing a Certificate Three in community services offered at the Happy Hut.

During interviews, I encouraged the young women to share with me their hopes and dreams for the future, to paint a picture of where they would like to be in their lives in five years. It appeared that the more articulate the young mothers were in their capacity to differentiate their past, present and future, the more their perceptions coincided with their current reality. This was revealed in both Tabitha and Lucy's stories, as they actively explored, constructed and envisioned what their life would be like, when they achieved their dreams. For Tabitha, it was to finish school and enrol in university to become a paediatric nurse:

I want to finish school and go off to uni and do paediatric nursing...so I don't have to worry about hospitals telling me what's wrong with my daughter...(when I have achieved this) ..I'll be completing diff, I know I'll change a hell of a lot once I go off to uni and start doing my nursing and all that. I know that I'll actually achieve something that I've always wanted to do so, and once I've started that then yeah, I know I've done it. And then after I'll go "Yeah, I can achieve anything I put my mind to, so yeah. (Tabitha)

Lucy's story revealed an inspirational journey to achieve her dream of becoming a counsellor. This story began with attending more than ten schools growing up:

I really just did not like school at all...Like mum and dad used to let me have days off so like, I didn't wag school, like sort of thing but mum and dad would just let me have days off so like, cos I hated school.

This was followed by a fierce determination to be a positive role model to her daughter and finish her high school after becoming pregnant in Year 10:

I got pregnant with J like, I didn't, not that I have anything against those mums who drop out of school and don't finish their education but I didn't want to be one of those mums. I just wanted to, like cos I knew when J grew up she's gonna know that I was a young mum and that I was in school but I don't want her to look back and see that I dropped out of school and all that sort of stuff so when she gets older she's going to look back and she's gonna see well I was like, you know, my mum was a young mum but she still finished her and she can still do it. I don't want her to think like, well my mum just dropped out...I want them to be proud of me and know that.

The way Lucy spoke of these tough choices with pride, defiance and liberation was inspiring as she shared with me her most recent story of being accepted into an online counselling degree. In this quote she is actively envisioning life after university and visualizing her first 'real' job:

I'm like, as you know I'm studying, I'm doing the Bachelor of Higher Social Sciences Degree in Counselling so hopefully in the three years I've finished that and I've graduated and I've had work experience from the course and then I can get a job doing that and I really, like I haven't really had a job in life apart from I worked for the Fun Factory, that's while I had J around kids and apart from doing that I've never really had a job so I'm really excited to have a job that I also, I'm excited to have a job and to be having some income to help and everything (Lucy)

The majority of the young women spoke of their hopes and dreams for their family; getting married, owning a home, having a good job, being happy and stable. When I asked how they would know if they achieved their dreams, most of the young mothers shared how they and their children would 'smile', 'be happy', 'healthy and secure'. For Annabel, who disclosed her struggles with young motherhood, she still felt hope for her future as she shared how she will know she has achieved her dreams:

...it will just feel right, I will feel like nothing has gone wrong, I will know if I haven't because I wouldn't feel complete sort of thing. (Annabel)

The Happy Hut provides the social structure, space, time and resources for the young women to access, share, witness and receive each other's stories. As demonstrated in the findings, this is an essential key to facilitating growth and

adaptation to motherhood, including developing the agency required to actively chart a desired future life course. On an individual level this personal growth and adaptation is important; however, on a collective level it is powerful. Nicole, Lucy and Tabitha are just three individual examples of young mothers, who with an enabling and supportive environment, can start *turning the page*, thickening the stories of their lives and successfully achieving their dreams. Potentially, these individual stories can provide the ripple effect needed for greater shifts in the wider community's perceptions of young mothers. As Ricoeur (1988, p. 247) states, individuals and communities are "constituted in their identities by taking up narratives that become for them their actual history".

The young mothers in this research study have shared with us stories that illuminate what it means to be a young mother. With the support of the Happy Hut, the stories illustrate the significant role community services can play, especially in providing spaces for young women's stories to be told, recounted and rehearsed. Stories that acknowledge and celebrate vulnerabilities, resilience and adaptability as they create new pathways and begin fresh chapters in their lives, always striving to be the best mothers and women they can be.

Summary of Chapter

Mapping the young mothers' narratives allowed me to not only expose some of the untold stories of young motherhood but also move beyond the 'deficit' and 'wrong-girl frame' (Kelly, 1996) that predominates in health and social care literature, the wider community and described at length earlier in Chapter Two. In this chapter, I have presented an alternative understanding of young mothers' lives, a vision more in touch with the reality of what life is really like for young women transitioning to motherhood in the community.

Early biographies of the young women indicated fractured and transient lives while growing up, including divorce and family conflict. These childhood experiences

influenced their ability to actively construct an alternate life story from the one that had dominated their past lives. However, despite this early disadvantage, the central story behind the young women's narrative account, of pregnancy and young motherhood, was that it was a significant *turning point in their lives*. Their motherhood experience opened doors to meaningful experiences which transformed both their identities and lives and included strong story threads of resilience and positive identity transformation and were demonstrated in the themes *jumping over puddles, riding the rapids to motherhood, living with dirty looks* and *asking for directions*. A central feature of this transformation was the role of the Happy Hut and how it scaffolded the young women's experiences as they transitioned to motherhood and revealed in the themes: *finding a circle of friends, weaving a tapestry* and *turning the page*.

The findings from this study challenge and dismantle the negative master narrative of young motherhood that predominates in health and social literature and the wider community, bringing to light a number of important issues that will be discussed in the next chapter.

CHAPTER SIX – SCAFFOLDING THE JOURNEY TO MOTHERHOOD

Introduction

In Chapter Five, the voices of the eleven young mothers' unique experiences of pregnancy and motherhood were presented. These were captured in both individual narrative portraits and shared narrative story threads, constructed into nine thematic metaphors. In this chapter, the research findings will be explored in relation to Wierenga's (2009) interpretative framework of storying and Goodson and Gill's (2011) spiral process of narrative learning and pedagogy. The nine thematic metaphors will be interweaved (in italics) throughout the discussion chapter and supported by current health and social care literature to offer key insights and new understandings to answer the three research questions. Firstly, how do young mothers understand, experience and make sense of pregnancy and motherhood in the community. These discussion topics include how pregnancy and motherhood was a transformational turning point in the young women's lives, especially against a backdrop of static storylines and resisting stigma from the wider community. This section will also discuss the important role social support plays in young mothers' lives.

Secondly, what role does a community house play in supporting and scaffolding the young women's experiences as they transition to motherhood? This section will explore the relationships between the Happy Hut and the young mothers' experience of pregnancy and motherhood, identifying the role the Happy Hut played in the young mothers' lives. Discussion topics will include the significant impact of judgment-free community spaces that foster a sense of belonging, social identity and support have on young mothers' lives. The power of acknowledging and witnessing others' personal stories in narrative encounters will also be discussed. Some of these community service

approaches are congruent with previously published literature while some are unique to this study.

The third section will address what can be done to improve the social and cultural resources that support young mothers in the community, translating these new understandings into real world implications to inform policy, practice and service delivery. This section will present a strong argument for the radical re-visioning of community and social health policy and practice, including future directions for research. It is my hope that my own and the young mothers' voices will promote different understandings by provoking an opportunity to re-vision how we engage with young mothers in the community. This begins by listening to the young mothers' stories in this thesis and viewing their experiences through a more optimistic and hopeful lens.

Experiences of pregnancy and motherhood

Static Storylines

This narrative research study advances our understandings of the strong connection between life experiences, social, structural and cultural circumstances and how it can potentially shape and constrain young women's life scripts. Highlighted in the young women's stories of growing up was that most of the young women had endured many struggles and life events which had impacted significantly on their lives. Early childhood biographies disclosed fragmented upbringings, including high mobility, divorce, family conflict, transient schooling and a lack of healthy role models. The young women's stories illustrated how they were often left *picking up the pieces* as they responded and adapted to changing and complicated circumstances growing up. These socioeconomic characteristics and structures of poverty and disadvantage have been linked to early pregnancy and motherhood in other research studies, including lower maternal education and poverty (Meade, et al, 2008), intergenerational teenage

motherhood (Wilkinson & Picket, 2009) and negative outcomes for children of teenage mothers (Shaw, et al., 2006).

In this study, the young mothers' backgrounds had significantly impacted on their life experiences, leading many of the young women to *walk a narrow and familiar path*. As Wierenga (2009) suggests, young people will often allow the real-world spaces to act as the boundaries of their imaginations, which can potentially set the constraints of where they see their future selves, which is strongly underpinned by stories from their past. From a narrative perspective, the young women's stories are based on narrow identity descriptions, with a pre-determined "closed" plot that has been socially and culturally scripted within the broader socio-cultural context of their lives. Goodson and Gill (2011) explain that an individual's narrative capacity is embedded in the strong cultural and social forces that shape their lives. These socially scripted plots can open to re-scripting or remain closed in a fixed version of one's life which, in turn, can potentially limit learning and active agency when constructing future lives. However, despite this narrative knowledge what is not well understood is the role community services can play in supporting young mothers to re-author alternative counter stories to the ones that have dominated their past experiences. This question will be explored in section two, exploring the role of the Happy Hut in the young women's lives.

The young women in this research study were all from working class families and shared well-scripted but fixed stories of the less reflective nature which is consistent with Wierenga's (2009) cultural orientation of a 'settling' ideal-type or Goodson and Gill's (2011) 'C' and 'D' categories that show minimal elaboration and narrative intensity to reflect, rehearse or recount narratives of their lives. In this study, the young women's life scripts were a result of thin or narrow identity descriptions. For example, many of the young mothers' narratives illustrated a love of children and history of

caring for younger siblings. Motherhood offered a known existence as they shared stories of identifying with the motherhood role. This phenomenon has been documented in other qualitative studies including Cater and Coleman (2006) who found that young women viewed motherhood as an attainable goal and a valued identity, especially if they had a previous love and experience of caring for babies. Moreover, Mitchell and Green's (2002) study found that young women perceive motherhood as a significant rite of passage to adulthood and status within society, a welcoming life option against a backdrop of restricted socio-economic opportunities. In some cases, for example in Nicole's story, her pregnancy was a matter of survival to escape from the toxic and violent environment of her childhood home at 16 years of age.

Young women from lower socio-economic backgrounds, perceiving motherhood as a viable and rational life option and a means of changing their life course, has been documented in several other research studies, including Turner's (2004) 'acceptance theory' and Arai's (2003) research on the links between structural factors and lack of opportunity, leading to 'low expectations' among young women. These wider social and cultural influences were displayed in many of the young women's narratives in my study, suggesting that motherhood offered an attainable key to adulthood, a valued social role that would gain them respect, independence and a valued identity within their community. This finding is consistent with an ethnographic study by Kulkarni (2007) who explored the contextual factors that affect young mothers' developmental passages to adulthood. She found that young mothers are particularly vulnerable to gendered narratives and stereotypes because of their forming identities, and proposes that the traditional "good mother" attributes which young mothers are trying to emulate, can be in direct opposition to self-focus, determination and agency which are key characteristics for developing direction and self-sufficiency in their life scripts (Kulkarni, 2007).

From a narrative perspective, it was not surprising that the findings revealed story threads of ‘retreating’ ‘settling’ (Wierenga, 2009) and static identity stories. Attaching to the known and familiar path of motherhood appeared to be a viable option, especially without the practice, skills or access to social and cultural resources in the past to guide the young women in constructing alternative storylines from the ones that had dominated their past. This was confirmed in my research study and demonstrated in Serena, Stephanie and Elizabeth’s ‘retreating’ identity stories (Wierenga, 2009) which included a picture of endless drifting from one situation to another. In this study, the young mothers were constructing their lives based on the limited cultural and social resources (ideas, storylines) that were available to them (Eckersley, et al, 2006). This is consistent with Goodson and Gill’s (2011) type C model of narrative character that is neither analytical nor elaborative. With limited articulation and unclear stories devoid of “goals and means”, choosing a *narrow and familiar path* to avoid disappointment, pain or risk offers the safety of a known existence (Wierenga, 2009).

The young mother’s narrow description of self was also related to a lack of healthy and diverse set of role models to emulate as young women. Access and availability of mentors and life coaches are affirmed in Wierenga’s study (2009) which found having trusted social sources that encourage a wide range of ideas and broaden one’s worldviews, is integral in shaping and defining young people in their own eyes. Access to role models was also highlighted as a desired and valuable support for young mothers, in both de Jonge’s (2001) and Mills and colleagues’ (2012) study of young mothers confirming the integral role community services play in fostering social and supportive relationships where positive motherhood identities and storylines can emerge.

Young Motherhood as a Transformational Turning Point

Contrary to the wider community's negative view and stereotypes of young mothers, what emerged from the narratives was quite a different story. The underlying story behind most of the young mothers' narrative accounts of becoming mothers was that it was a significant and transformational turning point in their lives, one that opened doors to alternative storylines of hope, autonomy and agency. The young women describe becoming a mother as a meaningful experience, one that provided the catalyst for discovering new parts of their identities. As the young women's pregnancy and motherhood stories unfolded, all of the young mothers began exploring, reflecting and making sense of their motherhood experiences, expressing their desire to be "better mothers" and live "better lives". For some, this exploration led them to ask fundamental questions of: "who am I?" and begin to locate their stories within the broader socio-cultural context of their lives. This experience is consistent with the development of young people's cognitive capacity to shift from the concrete world of *what is* to the abstract world of *what might be* (McAdams, 1993, p. 77). They begin to start questioning their current reality and begin to broaden "possibilities of alternate lives and systems of living" (McAdams, 1993, p. 78).

From a narrative view of experience, these findings display an opening of their reflective and narrative capacity (Goodson & Gill, 2011) and consistent with McAdam's (2012) research exploring psychological themes in life narrative accounts. He identifies the psychological theme of self-exploration whereby the character:

seeks out new directions or different options, sometimes challenging the self, and moves forward boldly, even heedlessly, to learn more, experience more, or develop new areas or capacities of the self (McAdams, 2012, p. 28).

This finding is consistent with a series of recent qualitatively rich research studies of pregnant and young mothers' experiences. These include Larkin's (2007) Australian PhD research project with young indigenous mothers who viewed their pregnancy and

becoming mothers as an empowering and transformative gift that provided the stimulus for making positive changes and a major re-organization of their lives. Similarly, a narrative longitudinal study by SmithBattle and Leonard, (1998) found that motherhood can elaborate a sense of identity and potentially provide the catalyst for change as they describe how motherhood:

...introduces imperatives and connections that anchor and organize her life and create a future that is first imagined and then lived out in the care of her child.... In which mothering is a world-transforming experience, a new ethical space and sense of possibility not previously available (SmithBattle & Leonard, 1998, p. 12).

In this research study, narrative accounts of self-exploration and transforming identities were revealed, as the young women embraced their new motherhood roles with renewed hope, agency, autonomy and resilience. Constant reference in my field notes of witnessing relaxed mothers with an abundance of energy and playfulness as they accepted, negotiated and overcame obstacles in their lives, was symbolized as the thematic metaphor *jumping over puddles*. The young mothers' narratives provide a significant example of how health and social care providers might begin to engage and work with young mothers in the community. Adopting a narrative approach may provide the tools to re-calibrate our lens, engaging with young mothers in a way that recognises, acknowledges and fosters these new and positive motherhood identities with both care and sensitivity.

The young women's motherhood stories revealed the development of alternative storylines as they began to discover new and positive character traits that they had not previously recognized in themselves. These new character traits were repeatedly described and recounted with pride in their narratives as they described *riding the rapids to motherhood*, sharing stories of an "all at once" transitional period from childhood to adulthood and motherhood simultaneously. These traits included growing up, developing a sense of independence and responsibility, whereby a new and positive

sense of self emerged (Herman, 2006). This is an essential element of developing resilience and is consistent with other narrative research of young mothers including Brubaker and Wright's (2006) research of narratives of African American teen mothers and Smith Battle and Leonard's (1998) longitudinal research in the United Kingdom. From a narrative view of experience, this process is an important aspect of developing both 'thick' identities and alternate storylines for their lives (Geertz, 1977). The breadth of a young person's storyline, including exploring multiple life contingency plans that foster both a robustness and resilience is an essential ingredient in young people adapting to change in a complex social world (Eckersley et al., 2006) and a core component of an "exploring" identity story (Wierenga, 2009).

Resisting Stigma

Embodied in all of the young mothers' stories was that the transformative and positive experience of motherhood was clouded by a demeaning and often pathologising construction of young motherhood. The benefit of using a narrative method is that it exposes the strong connection between these cultural and social stereotypes and the lived experiences of young mothers and how it can potentially and negatively shape their identities, stories and futures. Stories are firmly bound within one's context and can be influenced by the broader stories of the communities and cultures in which we live. Morgan (2000) suggests that these stories can have both positive and negative effects on our past, present and future life path. For these young women, becoming pregnant and having a baby has made them vulnerable to a fixed strong, social, cultural and historical enculturation that dates back to early 20th century. This was a time when young unmarried pregnant women were sent to labor at Magdalene laundries (Smith, 2007). Unfortunately, these historical acts of incarceration and oppression have been replaced with an equally strong cultural stigma that negatively views and stereotypes young mothers. These negative cultural stereotypes relate to having low moral standards

and being sexually available (Kulkarni, 2007); and being “bad for the mother, bad for the baby and bad for society” (Wilkinson & Pickett, 2009, p. 120). The wider community also perceives being a young mother as socially and morally unacceptable as it defies the social and/or proper age chronology order of becoming a mother (Lesko, 2001); a rhetoric that persists in some health and social care literature (Breheny & Stephens, 2011). It is a reminder of the intolerance and misunderstanding that still exists around the phenomena of ‘teenage pregnancy’ and motherhood.

This stigma was captured in my research study and embodied in the theme *living with dirty looks*. The plot of living a stigmatic life was revealed in all of the young mothers’ narratives as they expressed how they resist both real and perceived stigma from the wider community. Some of the young mothers actively resisted these prescriptive forces and successfully negotiated their experiences, despite wider social pressures. However, for some, this stigmatization limited their life chances, simultaneously constraining their value and life choices in constructing their identity. For example: Lucy took extra care in grooming, dressing herself and her daughters and refused to ask for help in fear of others thinking she was not coping. For Lucy, this stigma is potentially damaging because it could become the dominant storyline in her life, a self-stigma that shapes how she sees herself as a young woman and mother can indelibly impact on how she constructs and authors her future life story. This finding has been described in other research of young mothers, including ‘living publicly examined lives’ (Hanna, 2001) and being subjected to ‘formal and informal societal surveillance’ (Whitley & Kirmayer, 2008). In this study, the young mothers’ narratives reveal new understandings of how stigma influences young mothers’ lives and storylines and potentially how it may be undone by creating a different space and professional context of working with young mothers in the community.

It is both interesting and concerning to note that these negative stereotypes of young mothers extend to health care providers and significantly impact on the health of young mothers and their families. A shared narrative among the young mothers was the real and perceived stigma they experienced from mainstream health and social services. This was demonstrated in Kellie's narrative, displaying distrust and adopting a defensive stance against the hospital midwives, even though, at the time of interview, she had not attended an antenatal appointment. Interestingly, almost half of the young women did not access any health service for ante-natal, post-natal and/or child health care. Stories emerged of 'horrible' midwives and disinterested doctors who, they felt, did not take them seriously because they were young. This left many of the women feeling diminished, resulting in a fear of stigmatization and, consequently, a distrust of health care providers. These experiences contributed to the young mothers' disengagement with services which could potentially jeopardise their own health and the health of their babies.

There has been a wide range of research that reports this distrust between young mothers and health and social care services, including young mothers believing they are treated differently because they are young (Redwood, et al., 2012) and being reluctant to ask for help in fear of being judged or their motherhood capabilities doubted (Whitley & Kirmayer, 2008; Brady, Brown, Wilson & Letherby, 2008). Other studies have attributed this stigmatization to a mismatch of young mothers' expressed needs and the supportive resources delivered. This has resulted in the misperception that young mothers are refusing support or being non-compliant (Rutman, et al., 2002), or a mismatch of values and perceptions between health professional and young mothers (Beeber & Canuso, 2005). This was in contrast to the Happy Hut, as the findings reveal the young mothers engaged and formed trusting and supportive relationships with the facilitators at the Happy Hut.

However, despite this real and perceived stigmatization, embodied in many of the young mothers' stories, was a strong refusal to allow the wider community's stigma to play a prescriptive force in their lives. A key factor in the young women's ability to take a stand against this stigma was their resilient spirits, which, for many, were developed as a result of their fragmented childhood. The young mothers' resilient spirits became a fundamental asset in their ability to creatively adapt and embrace their new motherhood roles whilst simultaneously resisting the wider community's cultural aversion to 'teenage mothers'. Young mothers pushing back against stigma has been documented in other literature, including Kelly's (1996) identification of 'stigma is wrong' discourse and more recently, Yardley's (2008) study which found that young women viewed their motherhood experiences in a positive light and did not believe that they were less competent or economically self-reliant than older mothers. This is all part of a growing body of literature that has found young mothers are rejecting the deviant label and moving towards an alternative, more positive discourse of young motherhood. A recent Canadian study by Romagnoli and Wall (2012) explored the influence of neo-liberal notions of individual responsibility and risk management on the experiences of young, low income mothers within the context of mandated educational and parenting programs. The research found that the young mothers resisted the internalization of middle class, intensive 'good' mothering ideals and, instead, chose to value their own positive self-perceptions regarding their motherhood experiences and skills.

Interestingly, research has shown a strong connection between young mothers adopting new and positive identities and having a social and supportive environment. Yardley's (2008) study found that if motherhood was valued as a positive event, that is both worthy and esteemed, then these belief systems act as a protective buffer, insulating the young mother from stigmatizing criticisms. This is echoed in Brubaker and Wright's (2006) study which found African American teen mothers' narratives that

found a strong link between family support and positive identity transformation. A supportive context was essential in empowering the young women to resist the stigmatized master narrative and allow a positive sense of self to emerge. Brubaker and Wright's (2006) findings clearly resonate with my study findings in relation to the supportive role the Happy Hut played in the young mothers' lives. A supportive context, like the Happy Hut, that values young motherhood, reinforces the young women's capacity for adapting to change, whilst simultaneously fostering a positive motherhood identity. This finding will be explored later in this chapter.

Social Support

A major story thread that emerged in all of the young women's experiences of pregnancy and motherhood was the crucial role that social support played in their lives. All of the young mothers recognized a need for support during their transition to motherhood. They found people, places and spaces within their community to *ask for directions*. Their ability to activate these support systems and resources was central to how well they negotiated their motherhood roles. Family and social support offered a vital safety net and buffer to their changing circumstances and realities. Many researchers have affirmed the crucial role social support plays emotionally, practically and socially in their everyday lives as young mothers (Logsdon, et al., 2005; Clemmens, 2001; Brubaker & Wright, 2006). Social support and relationships have been linked with the development of young mothers' individualised, self-reflexive identity (Mitchell and Green, 2002; Brubaker & Wright, 2006) improvement of self-perceptions of parenting among first-time adolescent mothers (Devito, 2007), and a vital resource in preventing adverse developmental effects on both mother and child (Lodgson & Koniakk-Griffin, 2005).

The findings revealed that the young mothers' social support came from a variety of sources. Many of the young mothers reported how they relied on parents for

practical and financial support but their emotional support came from other young mothers. This was true for Annabel and Tabitha who sought support in other young mothers when asking for advice, a common occurrence in teenage networking as they seek out stories of “people like me” as a trusted and useful source of new ideas (Wierenga, 2009). Bunting and McAuley’s (2004) research review, examining the role of social support in teenage motherhood, found that family, partners and peers provide different and complementary support. One of the findings suggested that the emotional support received from the young mothers’ peers is extremely important and often surpasses support received from their own parents and family members (Bunting & McAuley, 2004). This was certainly true for the young mothers in this research study describing the Happy Hut as an integral point of connection, especially in *finding a circle of friends*.

Interestingly, in this study, the two young mothers whose narratives displayed “retreating” natures had the least social support. Elizabeth, whose mother had recently died and had no other intimate relationships, and Stephanie, whose social and economic circumstances, including her boyfriend’s unemployment, had forced her to live with her alcoholic, violent father. This was in contrast to Lucy who, although not receiving support from her own family, had strong support from her boyfriend and his family which was a significant factor in her successful transition to mothering three young daughters.

The positive link between social support and positive outcomes for young mothers is a consistent concept across all of the health and social care literature, insofar as it has been named as one of the ten main social determinants of health (Wilkinson & Marmot, 2003). Worldwide, researchers agree that social support is a vital social resource that is particularly significant for pregnant and adolescent mothers. This was revealed in the Commission of Social Determinants of Health [CSDOH] Final report

(2008) which indicated social support can improve pregnancy outcomes in vulnerable groups. It recommended that policy makers design facilities that foster social interaction and the space to meet in order to improve the mental health of communities (Wilkinson & Marmot, 2003). This was further confirmed by Clemmens' (2003) qualitative research review exploring the experiences of adolescent motherhood. Having a supportive context was fundamental to the young mothers' capacity to develop a new sense of self. Clemmens (2003) advocates the creation of more social programs and policies, recommending that research and policy further examine how strengths-based community programs can assist in supporting and mobilizing young mothers upwards and out of impoverished situations.

The role of the Happy Hut in young mothers' lives

One of the strengths of this research lies in the young women's stories of their pregnancy and motherhood experiences within the context of a community service. The young mothers' narratives revealed their experiences of the Happy Hut and were represented in the thematic metaphors, *finding a circle of friends*, *weaving a tapestry* and *turning the page*. To my knowledge, this study is the first known study that engaged a narrative approach to explore the role of a community service in supporting young women as they transition to motherhood. The findings revealed in this section present unmistakable evidence of the important role a certain type of community space can play in the lives of young mothers. Using story to explore the role of the Happy Hut in the young mothers' lives provides a strong foundation to explore how services can foster spaces that scaffold the young women's experiences as they transition to motherhood. These include providing judgment-free spaces where young mothers feel a sense of belonging and social support. The findings also demonstrate that the acknowledgment and witnessing of others' stories is a key element in developing narrative capacity to

actively construct alternative storylines that could potentially transport the young mothers from their present reality to their desired future life goals.

Judgment-Free Community Spaces

Central to the narratives collected during field work at the Happy Hut was the young mothers' experience of a safe, judgment-free community space that was congruent with their needs and everyday lives. This was a significant finding particularly because of real and perceived stigma they experienced from both the wider community and mainstream health and social services. This prompted the question: why is this community service and space different? Contextual narratives reveal that the Happy Hut used a relational, narrative approach to connecting with young mothers, an approach that cultivated a sense of safety and non-judgment. Adopting a narrative view of experience is a relational approach to working with people and should underpin health and social service practice. The importance of using a relational approach has been highlighted in a recent study conducted by Browne, Hartrick Doane, Reimer, MacLeod and McLellan (2010) of how public health nurses in Canada use relational practice in their work with 'high priority' families. The study found that adoption of a flexible approach that acknowledges the complexities and shifting realities of families was a key element in developing and sustaining meaningful, responsive relationships. However, working relationally with families require that nurses engage in self-reflection that encompasses challenging assumptions, preconceived ideas or biases that nurses may hold towards particular community groups (Browne, et al., 2010).

It is interesting to note that the Happy Hut is not funded by mainstream governmental health or social services and, therefore, is not staffed or structured within a professionally based, institutionalized framework. This finding prompted an exploration around the literature on the helping role of lay persons working in communities. Learning from lay people and valuing their approach to community

service was first described by Cowen in the early 1980's. His seminal research of four informal helping groups, including hairdressers, divorce lawyers, industrial supervisors and bartenders, suggest that 'help is where you find it', usually with people who are trusted and found in natural community contexts. He argues that health professionals need to:

lay to rest the myth that people tie up their problems in neat packages with blue ribbons and hand them exclusively to certified mental health specialists. No way! Personal problems are matters of prime everyday concern to most people, who will seek, in whatever ways, to deal with them. For society at large and even more in certain of its sectors, most distressed people look first toward accessible, parsimonious, well-understood, trusted sources of help that are minimally costly or stigmatizing (Cowen, 1982, p. 394).

Research exploring the role of lay persons in mental health has been supported in a recent research paper by Hogg and Warne (2010) titled: 'ordinary people, extraordinary voices'. Drawing from a series of narratives including a parish priest, a bar tender and a hairdresser, the authors argue that:

in a world which prizes scientific objectivity over emotionality as a desirable attribute of effective professional practice, there are paradoxical gains to be made by learning and harnessing the way non-professionals embrace the emotional labors inherent in their interactions with others (Hogg & Warne, 2010, pp. 297-298).

Hogg and Warne's (2010) narrative research found that empathy, understanding, preparedness and ability to listen in a non-judgmental way, including appropriate self-disclosure, is fundamental to the emotional well-being of ordinary people. They refer to this as part of the emotional labor of doing mental health nursing work and argue that a care delivery system needs to start valuing and prioritizing this work as a central feature to helping people (Hogg & Warne, 2010). This notion was further supported in a recent paper by South, Meah and Branney (2012) who report on a public hearing in the United Kingdom that examines the sustainability of lay people in public health roles. They recognize and recommend a re-orientation of public services that support lay engagement in program delivery, highlighting the risk of over-professionalization and

strongly recommend that a balance needs to be achieved between provision of professional support and the relinquishing of professional control. A key to achieving this recommendation is the use of reflective practice that explores power distribution, including an analysis of whether professional support is actually enabling or constraining in nature (South, et al., 2012).

This literature led me to consider the parallel of whether lay persons naturally use a narrative space and perspective when helping others, particularly since their emphasis is on listening to another's story. The findings suggest that a narrative approach to working with people can create a different space encouraging one to see and understand a person in a new way. This finding shows us that recognizing, describing and learning from the significant and often undervalued work of lay people working in the community (like the Happy Hut), is an important step towards re-visioning how we approach and deliver social and health service for young mothers in the community. It appears that no matter how much we spend or how many policies and services we deliver to young mothers, if we do not relate and engage, our efforts will be futile and we will continue to deliver services that are out of step with young mothers' lives and needs.

The findings from this study highlight how a narrative approach encourages and enables health practitioners to engage with individuals and communities in more helpful ways. An approach that values emotionality, relationships and story would complement the evidence-based objective practise that predominates in current social and health service policy and practice. This relational approach has been successfully used by social workers to engage high risk young mothers (Chablani & Spinney, 2011) and SmithBattle, Lorenz and Leander (2012) who employed narrative methods to foster home visitor nurses' responsive relationships with teen mothers. They found using a narrative approach encourages nurses to listen more and talk less, furthering the:

teens' self-disclosure and broadened the nurses' understanding of the fabric of teens' lives. Having a fuller picture of the teens' situation provided the specificity that is lacking in visit-to-visit protocols, so that nursing care is tailored to teen mothers' complex realities (SmithBattle, et al., 2012, p. 7).

In essence, narrative practice is relational practice because it allows the nurse to see the young mother through a wide angle lens that encompasses her unique experiences and context as 'told through' stories. This allows the nurse to address an individual's needs at a particular time in the context of their present lives and experiences, an intellectual virtue Aristotle referred to as 'phronesis' or 'practical wisdom' (Schwartz & Sharpe, 2006). Benjamin Bradley (2009), a clinical psychologist, makes an important argument for practitioners developing *phronesis*, a term used as a way of 'thinking in action'. He suggests that this process of practical reasoning is grounded in the technical knowledge one draws from experience and does not consist in a policy like formula to which applications and practice must conform. He recommends openness to the unexpectedness when engaging in practice so practitioners can observe and respond more naturally (Bradley, 2009).

In relation to young mothers and nursing practice, Beeber and Canuso's (2005) study of low income mothers, exposes an interesting finding. These authors suggested young mothers' energy may only be focused on meeting basic fundamental survival needs in their present time. The authors propose that young mothers may reject technical approaches to support and resources because they are not congruent with their immediate needs at that particular time. This was echoed in Romagnoli and Wall's (2012) research of low income young mothers who reported that the provision of basic needs such as formula and diaper vouchers was more helpful than the current child and maternal policy direction that focuses on risk-targeting, education and surveillance.

The findings suggest that the Happy Hut adopted a 'practical wisdom' approach to working with young women. Encouraging them to map and identify their own needs which allowed the service to be responsive, flexible and thus congruent with the needs

of the young mother within that particular moment. This finding is in direct contrast to the current standardized “one size fits all” approach that dominates in current health and social services for young people (Wyn, 2009), providing preliminary insights into why the gap exists between young women’s experiences of motherhood and current health and social policy response.

Sense of Belonging, and Social Support

Embodied in the narratives of all of the young women’s stories was how the Happy Hut acted as a vital social resource by providing a *circle of friends* to escape isolation and build connection with others who were going through the same experiences. All of the young mothers agreed that the Happy Hut was a place where they gave and received the greatest part of their emotional support whilst they transitioned to motherhood. McAdams (1993) has identified the importance of social spaces for young people suggesting that adolescents’ exploration for identity begins in the social context as they begin to make sense of themselves through relationships made in social settings. This was true for the young mothers’ experience at the Happy Hut, suggesting that it provided a point of connection and safe geographical and social space for the young mothers to, not only make sense of their pregnancy and motherhood experiences, but also to develop supportive friendship networks within a shared peer group and social identity. This has been referred to by Kidger (2004) as a micro community that not only protects young mothers from feelings of social isolation but provides a safe space to build a collective identity and experiment with new social roles. This was especially important as many of the young mothers had disengaged from mainstream social, educational and health services as a result of stigma and distrust. The importance of peer support is supported by Kelly (1996) and Bunting and McAuley’s (2004) research review on the contribution of support in teenage pregnancy and motherhood, suggesting that peer support surpasses that of family support because

it provides positive interactions, including feedback. This reduces parenting stress and has a positive impact on future parenting behaviors. This was also displayed in Fielden and Gallagher's (2008) study of first time parent's experience of group parenting program which found that opportunities to network with other parents improved social capital, influencing their ability to make positive parenting changes in their lives.

The findings from this study resonate with the notion of belonging and social capital which consists of 'enabling' social structures that create conditions for individual and communities to thrive (Putnam, 2000). Many research projects have extended this concept to explore the notion of 'place' and 'health' within communities. For example, the Health Development and Social Capital research project in Adelaide, South Australia conducted by Baum and Palmer (2002) revealed community members want 'third places' or 'opportunity structures' that encourage strong social ties and relationships that foster community commitment. Although I could not find any research related to young mothers and community places or spaces, an Irish study by Pinkerton and Dolan (2007) explored perceived social support networks of adolescents in three community-based youth programmes. The study was based on the premise that social capital and resilience are developmental assets realized through effective social support that assists in positive teenage transitions. The findings showed that concrete services such as the physical space provided was the most valued by the young participants as they expressed a sense of belonging, responsibility and ownership towards the programmes. Advice and emotional support was also valued as study participants reported feeling listened to, given time and not judged (Pinkerton & Dolan, 2007).

The findings demonstrate the vital role community services like the Happy Hut play in young mothers' lives. The social identity and support received from their peers at the Happy Hut mitigated and scaffolded their experiences as they transitioned to

motherhood. In some cases, the supportive environment provided the space to resist the stigma and social exclusion they experienced from the wider community, which is consistent with Yardley's (2008) findings that in a supportive environment which views a young mother's role as worthy and esteemed they are less likely to report negative effects of stigmatizing experiences. This was also affirmed in SmithBattle and Leonard's (1998) longitudinal narrative research of young mothers' narratives, revealing that young mothers' views of self and future were organized by the meanings and practices of their communities and families. They concluded that young mothers who had access to positive support networks had developed positive responsive behaviours to motherhood, including sustained engagement and agency in their mothering roles. These studies affirm my findings suggesting the vital role judgement-free, safe community spaces play in young women's lives, especially in withstanding the forces of the wider deficit discourse, and assisting the young mothers to develop the courage to push back against stigmatization.

Community health nurses are in an ideal position to create community spaces that foster a social environment and relationships which are conducive to health, particularly mental health. Working within a primary health care model that connects people to broader social networks and fosters citizen participation is a core role of community health nurses work that is founded on social justice and equity (Aston, Meagher-Stewart, Edwards & Young, 2009). These findings suggest that a narrative approach may help young mothers' engagement with community services by fostering relationships that empower, share strengths, build individual and community capacity, and promote voice within young mothers in the community.

Acknowledging and Witnessing Stories

At a time when the young mothers are open to *asking for directions* to help navigate their transitions to both adulthood and motherhood simultaneously, the Happy Hut not only provided the judgement-free space to build connections but also the metaphorical space to acknowledge, reflect, share and witness each other's personal stories. Atkinson (1995) affirms storytelling as an important social function that validates one's experiences by giving them greater meanings. Sharing stories helps people connect and explore commonalities with others. He suggests that the bond formed in sharing stories fosters a sense of community that helps make sense of established order, making one aware of potential roles and standards that exist within communities. Stories are an integral resource for young people, enabling individuals to connect and make sense of their world (Eckersley, et al., 2006). This is an important process for young women, especially during a significant turning point in their lives, that is, becoming mothers.

The findings from my study advance our understanding of the importance of community services that facilitate acknowledging and witnessing of personal narratives. All of the young mothers spoke of how storying with each other encouraged them to reflect and help make meaning of their new motherhood experiences. Safe spaces where young people can tell their personal stories and make sense of their changing circumstances are an essential element in a positive transition to both adulthood and motherhood. McAdams (1993) suggests that this is a key stage in the development of human identity, in particular the process of story to "formulate personally meaningful answers to ideological questions so that one's identity can be built on a stable foundation" (p. 36). The young mothers' narratives reveal that the Happy Hut was a significant and essential social resource for the young women as it provided the space to "see, hear and track evidence of their presence in a confusing world" (Wierenga, 2009,

p. 195) as well as develop, articulate and practise 'storying their future'. The therapeutic effects of storytelling were explored by Holloway and Freshwater's (2007) paper on the role of narrative research in nursing. The authors suggest that the process of relating one's story benefits the storyteller by helping to link fragments and brings together the story into a coherent whole, in their own way and in their own time, enabling the storyteller to gain a new perspective on their experience. Narrative research is also a powerful tool in both engaging and enhancing professionals' understandings of vulnerable people (Holloway & Freshwater, 2007). In this research study, the young mothers' narratives revealed the power of spaces that foster sharing, acknowledging and witnessing of each other's stories. Goodson and Gill (2011) refer to this as the 'narrative encounter', an important process whereby narratives are:

created and constructed to bring together socially and culturally embedded and constantly shifting discourse and a multitude of self-identification. Such encounters go beyond 'unfolding' one's subjective experience of life events. They have the potential for changing one's course of action and aligning it with one's own values and purpose in life (pp. 106-107).

At a time when the young women are questioning the context of their lives and opening their narratives to hope and possibility, community spaces that foster narrative encounters can potentially be life-changing. This was evident in Jackson and Mannix's (2002) research that explored through story the experiences of twenty mothers of adolescent and adult children. Sharing their experiences of motherhood provided the participants with the opportunity to speak, reflect, be heard and gain valuable insight into their emotions and responses to motherhood. The implications for women's health services include creating supportive spaces that give voice to women's experiences through storytelling (Jackson & Mannix, 2002) and provide a foundation for developing personal resilience (East, Jackson, O'Brien & Peters, 2010).

The acknowledging and witnessing of stories develops narrative capacity and character by encouraging reflection and openness to shifting and re-visioning their

stories for their own personal well-being (Goodson & Gill, 2011). Using narrative construction in meaning making and in the process of becoming displays a high narrative intensity and aligns with category A in Goodson and Gill's (2011) spectrum of narrative character. In essence, the act of listening and sharing stories with each other provides them with access to a new source of ideas, extending their vision and broadening their worldview perspectives. In this study, the findings reveal how young mothers drew on other young mothers' stories and used them as a positive and alternative stock of knowledge in the process of constructing an identity. This process is reflected in the metaphor *weaving a tapestry* of their lives, and was exemplified in all of the young mothers' stories of how they learnt from each other. Accessing, acknowledging and witnessing each other's stories were the threads of colour that add to the richness of the young mothers' tapestry, thickening their identity and access to alternate and fertile storylines.

The findings suggest that narrative encounters act as catalysts to reflective self-exploration, resulting in a transformational learning journey of "becoming" as the young mothers began to start living lives that were more closely aligned to what they value. These values emerged from their narratives and included aspiring to be "better mothers" and live "better lives". To help them achieve these goals, many of the young mothers actively pursued desired health information. The feelings of safety and comfort of a trusting, judgmental-free environment provided the setting for valuable and potent health literacy to develop. The young mothers began to recognize the knowledge gap and started to view their health and well-being in a different way. The desired health information was therefore initiated, sought and openly received by the young mothers as valued information, while shifts in the young mothers' perceptions and understanding of health took place. Witnessing this organic and open learning journey was in stark

contrast to the rote learning, intervention-focused teaching style that occurs in health education. This is affirmed in Banks-Wallace (1999, p. 23) who states:

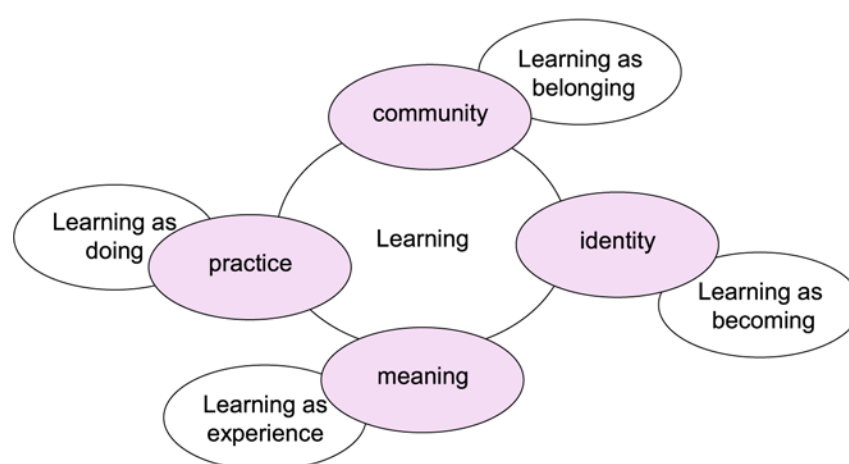
Standardized treatment protocols provide guidance based on presenting symptoms or diagnostic criteria; however, they do not provide a means of integrating interventions into a larger context of client's lives. Storytelling may serve as a bridge, allowing practitioners to plan care that takes into full account a client's resources, barriers, and competing concerns....This may help create the space for a more egalitarian collaborative client-practitioner relationship. The woman brings expertise about her life and investment in her own health into the partnership. The practitioner contributes clinical experience and knowledge gained through personal experience. The knowledge that each has to offer is shared through mutual storytelling.

This study found young mother's access health information from two different sources; firstly, I witnessed many of the young mothers informally approach the midwife, facilitators or myself at the Happy Hut. Secondly, they asked and learnt from each other, a concept that has been documented by Hall and colleagues' (1999) research exploring the interface between community spaces and a young person's identity construction. They found that it was in the informal interactions, away from traditional formal settings, that young people shape, manage and affirm their personal and social identities. The study found that:

Whatever the explicit intentions of workers, a vast amount of learning about local identity and community in recreational youth projects takes place at a tacit level. What can, at first seem like background noise-banter between staff and young people, gossip, jokes, casual discussions – in fact, often constitutes a flow and exchange of information in which local knowledge, common sense understandings and individual perspectives are variously affirmed, contested and negotiated over. More is caught than is explicitly taught in the course of such conversations, and young people often value projects for the opportunities they provide for this sort of low-level identity work – the chance to think through and sound out aspects of an emergent adult status and personal identity-much more than they do for what is ostensibly on offer (Hall, et al., 1999, p. 510).

This has been affirmed in several other research studies of young mothers, including Brubaker and Wright (2006), who found that African American teen mothers value pregnancy and motherhood expertise from personal experiences over credentials and medical knowledge. Mills and colleagues' (2012) Australian study describing the role and experiences of professional staff working with young mothers found that less

formalized approaches to parenting education, such as role modelling, dealing with things ‘in the moment’ and building on individual strengths, were more effective strategies in supporting and facilitating learning in young mothers (Mills, et al., 2012). I found this process of social participation, shared practise of acknowledging and witnessing personal stories parallels with Wenger’s (1998) notion of learning as a collective social process which he terms building “communities of practice”(see Figure 10).



Source: Wenger (1998)

Figure 10: Components of a social theory of learning (Wenger, 1998, p. 5)

Communities of practice are groups of people who regularly interact and engage in the practice of sharing a repertoire of resources, stories and tools in which informal learning and doing takes place (Wenger, 1998). Like a living curriculum, a community of practice fosters open knowledge sharing, peer-to-peer connections and learning providing a new foundation of personal knowing based on belonging, participation and collaboration (Wenger, McDermott & Sydner, 2002). Emphasis is placed on learning through mutual engagement in the group as they learn through regular interaction. The findings from this study suggest that Happy Hut provided a valuable shared learning context that focused on belonging, participation and the social nature of learning over more traditional, formal educational approaches. This, in turn, allowed an informal

‘community of practice’ to develop among the young women, a practice that is not acknowledged or valued in wider health care systems. Although outside the scope of this research study, I believe this finding warrants further exploration in relation to the facilitation of ‘communities of practice’ to engage and increase health literacy in young mothers.

Narrative Learning and the Process of ‘Becoming’

Cultivating spaces for narrative encounters to occur not only created the impetus for the young mothers to reflect, rehearse and recount their life stories but also start envisioning, directing and re-authoring their future lives with purpose and integrity. This was demonstrated in the young mothers’ *turning the page*. Articulating one’s story is an important and healthy life progression because it promotes and directs a coherent and meaningful life course that cultivates human integrity. Goodson and Gill (2011) suggest that human integrity “is about harmony between a person’s life as narrated, his/her sense of selfhood as expressed in the narrative, and his/her action in the world” (Goodson & Gill, 2011, p. 141)

The Happy Hut supported the development of narrative capacity by encouraging the young mothers to story their lives, including rehearsing alternative storylines and begin re-authoring more empowering narratives. Creating narrative encounters is a key element in Goodson and Gill’s (2011) spiral process of narrative learning. For this learning process to occur an authentic engagement, including sharing personal narratives, respect, love and deep and caring relationships must occur (Goodson & Gill, 2011). From observational data, the findings reveal these four elements were both present and encouraged at the Happy Hut and reflected in the service’s philosophy which was to value, honor and nurture the young women’s experiences as they transitioned to motherhood. The preceding community element of fostering a judgment-

free space that encourages a sense of belonging and support creates an “open service”, a social space where transformational learning and ‘communities of practice’ can flourish. Creating these elements in community services is especially significant considering the long term impact static storylines can have on young women’s life courses. Closed narratives and minimal narrative capacity are devoid of any further exploration or growth; it encompasses no reflection, no questioning, no learning and no agency. This is consistent with Wierenga’s (2009) cultural orientation of “retreating” or being in ‘default survival mode’. This identity type was displayed in Elizabeth’s words: *“I don’t like to plan things. I don’t care what they think...”* and exhibits the sad reality of this fatalistic identity type, reminding me of a quote by British Indian novelist Salman Rushdie (n.d.) who proposes:

Those who do not have power over the story that dominates their lives, the power to re-tell it, re-think it, deconstruct it, joke about it, and change it as times change, truly are powerless, because they cannot think new thoughts.

For many of the young mothers in the study, the Happy Hut buffered and protected the young women’s transforming identity, dissolving the closed narrative that had dominated their past stories, and allowing new scripts of hope and possibility to emerge. This process is one of ‘becoming’, an important part of developing a sense of self because it encourages and allows a young person to start entertaining hypothetical propositions whereby a:

rough draft of an integrative and self-defining life story...can be edited, rewritten, reworked, and made more realistic as the young person becomes more knowledgeable about the opportunities and limitations of defining the self in his or her particular society (McAdams, 1993, p. 80).

In some cases, this supportive context and practice of ‘storying the future’ facilitated the young mothers to transcend their past as they began to actively direct and author new versions of their life stories. The re-scripting of stories and learning new life skills was revealed in Tabitha’s story as I witnessed her actively working toward her high school certificate so she could go to university and become a paediatric nurse. And Lucy who

had enrolled in a Bachelor degree in counselling and had bought a block of land with her fiancé to build their first home together.

In this study, the Happy Hut's role was to scaffold their experiences by providing an alternate and positive stock of knowledge to draw from which encouraged alternate storylines and new positive scripts to emerge. The findings from this study confirm that identity orientations are not determinate, they are fluid and dynamic and given a supportive context, can shift between being somewhat passive in *walking a narrow and familiar path* to being active agents in *turning the page*. Using Wierenga's (2009) interpretative framework of the four ideal-types of cultural orientation, many of the young women went from a fixed script of settling or retreating to "wandering" and "exploring" identity stories. 'Wanderers' have big intentions to go in search of bigger worlds; however they have no clear plan and require supportive scaffolding to direct and map out a desired path. Whereas 'explorers' have clear identity stories, a broad global focus and access to diverse sources of ideas, increasing their agency to "make things happen" (Wierenga, 2009). The finding from this study validates Wierenga's (2009) research that found a positive relationship between narrative identity, personal agency and access to social and cultural resources in young people making a meaningful life.

On an individual level, the process of narrative learning is powerful because it encourages the young mother to develop the courage and capacity to push back against the outer deficit "wrong-girl" (Kelly, 1996) dialogue and not allow it to remain, or become, the dominant storyline in her life story. However, creating space for narrative encounters and learning is also powerful on a collective community level. Empowering, encouraging and facilitating young mothers to re-script new and coherent life stories will ultimately be reflected back to their external worlds, including their ability to raise resilient children and build healthy communities. Goodson and Gill (2011) state that:

narrative reconstruction is therefore not only an individual process of creating a set of stories of the self and new moral self, but also a process that can provide the basis for groups and communities to consolidate their sense of integrity and well-being (Goodson & Gill, 2011, p. 138).

This, in turn, may just lead to a cultural shift in the way we perceive young mothers, providing the impetus for the collective social change and action needed to endorse widespread health and social policy reforms. These reforms may provide a starting point to re-engage young mothers by realigning community services to a supportive model of care that is grounded in the understandings, lives and needs of young mothers in the community and will be explored in the next section.

From Narrative Research to Narrative Practice: Implications for Policy and Practice

In many respects, the young mothers' stories have raised many more questions than I have been able to answer in this thesis. Over the last couple of decades, there has been a wide range of research, funding and resources dedicated to supporting young mothers in the community. However, despite these efforts there still remains a "yawning gulf between the experience of teenage parenting and policy" (Duncan, 2007, p. 307) and the delivery of services that are "fragmented and silo-based and out of step with their lives" (Eckersley et al., 2006, p. 42), a notion Beeber and Canuso (2005) attribute to a mismatch in health care services and young mothers' values and perceptions. This leaves me with the question: Where are we going wrong? Maybe we have been pouring the money and resources into the wrong space. The overall purpose of this research study was to not only provide a vehicle for young mothers' voices to be heard, but to challenge some of the diminishing stereotypes and preconceptions that shape how we view and respond to young motherhood. The young mothers' stories in this thesis are potent; they provide rich perspectives and fresh insights that have generated new and alternate understandings of how young mothers understand, experience and make sense of motherhood within a community context.

This research calls us to start open, honest and courageous dialogue so we can begin to pursue a new vision for working with young mothers, a vision that is based on a narrative view of experience and is grounded in a sense of hope and optimism. Based on the findings and discussion from this study and those drawn from other studies, we are now better placed to recommend a narrative approach to research and practice when working with young mothers. As revealed in this thesis, a narrative approach has the power to dislodge and dissolve fixed understandings of young mothers, opening the lens to the multiple and diverse realities that exist in young mothers' lives. The strength of this research lies in the co-constructed nature of narrative inquiry, a process that encourages dissolution of both the health professional and young mother's story, so together we can move forward, transgress the 'deficit' status quo discourse and re-vision an alternate, more positive discourse of young motherhood. Aranda and Street (2000) refer to this as the creation of multi-voiced narratives that encourage issues to become visible, giving new insights and understandings to the complexities of nursing practice that are often taken for granted.

I will begin this section with my reflective field notes that were written after I exited the field, a concept Goodson and Gill (2011) refer to as the 'afterlife' of the narrative encounter. These notes are important: they represent the co-constructed nature of narrative and provide valuable insight into the significant and radical shift in my learning to uncover the new understandings which emerged from this thesis. Ironically, it began in a journey of unlearning.

I would often ask myself why I was initially attracted to researching young mothers at the Happy Hut. Throughout my career as a community youth health nurse, I had attended and worked at many health and social services. However, I was fascinated by how the Happy Hut was different, how it felt different, how when I was there, I felt different and witnessed the difference in the young women's attitude and engagement. Why? What is it about this service that is different to others? Why do the young women engage and flourish in this space?

As my research journey progressed, I came to realize that just like the young women I was researching, I, too, had a closed, socially scripted story, especially in relation to

my role as a health professional. I realized that I had not previously been open to an alternate view of young mothers because I had been working within a health service that reinforced the negative or problematic construction of young mothers. My perception of young mothers was not just informed by my middle class upbringing that values the socially proper age chronology and order of becoming a mother (Lesko, 2001) but had also been substantially influenced by the health professional, fix it, intervention focus that views myself as the expert and the young mother as the “problem”. Adopting a narrative view of experience, created the “looking glass” space I needed to dissolve my own story and discover this unexamined and unknown part of myself. The acknowledgement and dissolution of my own story allowed my narrative to ‘open’, creating the catalyst for my own transformational learning journey to occur.

My initial resistance to accept myself as an emotional participant in my interactions with the young mothers, was directly related to my own story; a story and unexamined belief system that valued objective, empirical knowledge over subjectivity and human emotion. This insight helped relieve the periods of “narcissism” I experienced during this process, often feeling guilty about engaging in my own personal “therapy”! As Carl Rogers (1961) stated on becoming a person, ‘the touchstone of validity is my own experience’. This narrative experience allowed me to embrace my humanness and emotion, initiating the spiral of narrative learning and facilitating my journey to becoming a more authentic person. Paradoxically, this unlearning journey was the key to the new understanding uncovered in this PhD thesis.

In many ways, my learning (or should I say unlearning) journey paralleled the young mothers in this study, engaging in narrative research provided the space I needed to start re-authoring my own life story. Socrates stated that: “an unexamined life is not worth living”. I believe that many health care services and practitioners do not have the “looking glass spaces” to examine and locate their own stories within the broader socio-cultural and historical context of their lives, especially in relation to their health professional identity. As a result, health services have been delivering silo based resources that are out of touch with young people’s needs and lives. In some cases, services may even be perpetuating the health and social inequities by unconsciously reinforcing the diminishing discourses by viewing community groups (that are different from them) through a deficit or “at risk” lens.

Seeing the world through a narrative lens has profoundly changed how I relate to people. I have come to learn that my previous way of working with people does not feel right for me anymore. As I discovered during this research journey there are many different ways of seeing the world and there are many different knowledge(s) to draw from to inform my community health nursing practice. Looking at the world through a narrative view of experience feels right for me. I do not want to be a functionary technician that compartmentalizes, standardizes and works on people, I want to work with people and influence their journey with thoughtful questioning and a sensitive approach that, above all, values their stories and affirms their existence.

I want to be a genuine advocate for young mothers that have been (through no fault of their own) forced to live pre-determined ‘closed,’ and socially scripted lives. This research journey has shown me that the “personal is political”, so maybe as health service providers we need to start getting personal and uncover the hidden politics behind why we keep getting it wrong. Ironically, it was the narrative encounter with the young mothers in my study that wove threads of humility, alternate understanding and

authenticity into the richness of my own tapestry: it encouraged me to courageously jump over the puddles in my life and start turning the page in my own story book!
(Personal narratives, March 2012)

Unlearning

This thesis calls social and health care providers to begin to view young mothers as they view themselves: through a positive ‘at promise’ lens (Swadener & Lubeck, 1995), that honours the complexity of young mothers’ lives and the social conditions in which they live. However, as heard in my reflective field notes above, this begins with the challenging task of ‘unlearning’ and requires a fundamental shift in our thinking, knowing and mindset to occur. The intellectual and emotional work of transformative ‘unlearning’ in nursing practice was highlighted by Macdonald (2002) who called for nurses to engage in active dialogue and create ‘communities of learners’ that challenge out-dated practice and potentially shake the collective health professional identity. She recommends researchers explain the process of ‘unlearning:’ through sharing stories, personal feelings and research knowledge that can support critical research and practise links, enhancing professional practice. Based on my own experience, this shift can only occur by adopting a wide angled lens that exposes and acknowledges the multiple realities and truths that exist in young mothers’ worlds, a process Freire (2004, p. 27) describes as a “rereading of the world”. This can be achieved by adopting a narrative view of experience, a holistic view that moves us beyond the status quo that privileges the voices of health professionals to an open, relational approach which consults, considers and understands young mothers as the ‘experts’ of their own lives.

However, the process of ‘unlearning’ is not an easy undertaking and has been described by Rushmer and Davies (2004) as a process of pain and transformation. They argue that deep unlearning is experienced when one is confronted by a significant gap between what one believes the world to be and what one sees and hears. An event that requires a sharp split from the past, where deeply held values and beliefs about the

world and ourselves are opened and “shocks, hurts and threatens” (Rushmer & Davies, 2004, p. ii12); challenging ingrained thoughts and behaviours. My process of deep unlearning was highlighted in my personal scholarly narratives, and brought about by my narrative encounters with the young women in this study. Unfortunately, the current dominant deviant discourses that successfully silence young mothers’ voices reduce opportunities for health care providers to undergo the transformational process of “unlearning”, a process that could create sustainable and meaningful change in how we view and respond to young mothers in the community.

The culture of current health care belief systems trains health professionals to be experts in health, a role that encompasses and values objectivity over emotionality. This expert persona is constantly reinforced since we are paid to be the health expert, a role that is possible because of the value we place on health knowledge, knowledge that has been acquired from years of study and professional development. However, the findings and discussion reveal that while we may value this knowledge, the young mothers do not, they value some practical aspects of it, offering a possible reason as to why they do not engage in mainstream health and social services (Brubaker & Wright, 2006; Mills, et al., 2012). This premise leads me to question whose knowledge is of value. I have come to learn that if we continue to view ourselves as health experts and direct the lives of others, than this valued knowledge becomes meaningless, only standing as a barrier to connectedness and the fundamental elements required in developing relational, transformative and healing relationships with individuals and communities.

Western health care systems provide many challenges and professional tensions for nurses, sometimes compromising the essence of nursing and caring work (Jackson & Borbasi, 2006). This was demonstrated in a study conducted by Jackson and Raftos (1997) exploring the experiences of nurse whistle-blowers who felt their professional integrity was compromised as they struggled to provide nursing care within a residential

care institution that is driven by an economic agenda. Rushmer and Davies (2004) highlight why health care organisations are resistant to the unlearning process that creates cultural change. They attribute this to organisational memories that value stability, predictability and certainty over the pain caused by transformational unlearning. This is further compounded by the hierarchal nature of health care systems, whereby valuable narrative knowledge is diluted by senior 'health experts' who resist opening to vulnerability that occurs in the unlearning process. This highlights a fundamental flaw in the health care system, preventing health care practitioners from being true and honest advocates for vulnerable individuals and community groups. Re-visioning how we view and respond to young mothers requires that we shift blame from the 'troublemaker' who challenges dominant logic to individuals who are courageous enough to make the injustices that occur in the communities they are working with visible. However, as Rushmer and Davies (2004) suggest this often comes at a cost to the individual who must have a:

high tolerance for feeling inadequate, embarrassed, or humiliated; an acceptance of potential loss of status and credibility; and a willingness to be brave and shoulder personal risk. Very quickly, we see how powerful and threatening unlearning could be in organisation if not handled sensitively. Unlearning changes not just our behaviors, but ourselves (Rushmer & Davies, 2004, p. ii13).

Health care services need to start reflecting on and challenging their own assumptions, values and stories and examine how they shape and influence their lives as health care providers, both on an individual and collective level. The young mothers in this study displayed openness and trust to share their intimate stories of pregnancy and motherhood experiences. As health care providers, we too should display the same courage in acts of listening and being open to new understandings of the individuals and communities we are working with.

The negative impact of the ‘expert’ persona of the health professional has been debated before in Lenrow’s (1978) work, highlighting the dilemmas of professional helping and Teresa Hagan’s (1986) research in the United Kingdom, interviewing people who were excluded from the medical system. Hagan’s findings suggest that a clash of values between middle class health professionals and what she refers to as ‘the downtrodden’ may be responsible for patients’ disengagement. However, their findings and honest implications for enhancing health care practice went unheard. Were they not desired or valued enough to motivate any significant change in mindset? Maybe it is because these changes require hard work, and often include the dismantling of the health professional identity, that is firmly based on power and ‘expert’ importance. Or maybe it is because a health professional’s identity is entrenched and reinforced daily in status, financial rewards and social and health care systems, structures and policy. Rushmer and Davies’ (2004) literature review identified four main reasons why unlearning is neglected in health care. Firstly, habit, security and safety of a familiar comfort zone. Secondly, fear of the unknown and/or untested, a particular barrier in healthcare that is dominated by patient safety and risk assessment approaches. Thirdly, stereotypes, mental models and mindset that encompass patterns of thinking that provide a shortcut to seeing and understanding the world and therefore offer an attractive way of compartmentalizing and dealing with new and challenging events. Fourthly, a lack of awareness or a need to unlearn, a concept referred to as cognitive dissonance whereby people dismiss data (consciously or unconsciously) that conflicts with their worldview (Rushmer & Davies, 2004). Ashamedly, these four elements were present in my personal scholarly narrative providing credence for my own ‘unlearning journey’.

Recommending the process of unlearning, does not repute the value of a health professional’s knowledge and experience nor should it diminish the current service

provision model. There has been a significant advance in community and public health care that affirms the current provision and validates that for mainstream community groups the current model of service works and is congruent with some young mothers' needs and lives. However, for the young women in my study, this was not the case. The findings clearly showed that we need to start delivering more holistic services that value a relational approach and account for the diversity and uniqueness of young mothers' lives and social experiences.

Whilst exploring the implications of this finding, I discovered a theoretical parallel with McAdam's (2012) recent narrative research that explores connection between psychological themes and political ideology in narrative life accounts. His research explored how people come to see themselves differently based on conservative and liberal ideology. For conservatives, the self is an object to be disciplined and controlled; losing control of the self may lead to chaos so they adopt a *prevention focus* perspective in order to prevent danger. However, the liberals see the self as an object to be explored and expanded, and deeply value self-fulfilment, adopting a *promotion focus* perspective (McAdams, 2012). Whilst reading this literature, it occurred to me the platform that built health, social and educational systems and structures was based on conservative and patriarchal principles that value and focus on an objective, intervention focused approach which leads to working "on" people, rather than working "with" people. In addition, the conservative, prevention focus perspective reinforces the 'expert role' of the health professional and works in contrast to a relational 'practical wisdom' approach that addresses young mother's needs. As Aronie (1998) suggests

When you're an expert there's no room for error. There's no chance for discovery. There's no "anything is possible" because the expert has explored all the possibilities and the expert knows exactly how it should be done. Gone is the magic. Gone is the spontaneity (p. 178).

Aronie's quote goes to the heart of the problem; open mindedness is the key to successful unlearning. Community services need to start responding to the paradigmatic

shifts of social change, articulate what needs to be unlearned and create a new space to see and interpret young women's motherhood experiences. A desire for services that align with a more liberal ideological platform of self-exploration was identified as a central theme in the young mothers' stories. Unfortunately, current health care policy and practice is firmly based from an 'expert' perspective that works in direct conflict with emotionality and connection, leaving no room for building and sustaining relational relationships that respond to young mothers' unique needs. This finding provides a possible explanation for why current services are "missing the mark" and "out of step with young people's lives" (Eckersley, et al., 2006).

These contrasting views, between what health services deliver and young mothers' needs, became clearly apparent whilst exploring the role the Happy Hut plays in the lives of young women transitioning to motherhood. The Happy Hut is based on a liberal ideology that honors and values a young mother's quest for self-exploration and provides the space, support and skills for them to transgress their past, open and re-vision new storylines for their lives. This positive, open, non-judgmental approach is in contrast to mainstream health and social service that adopt a more conservative *prevention focus* perspective that focuses on universal interventions. The young mothers in this study clearly expressed a strong desire to move away from constraining social and structural conditions that contaminate their storylines, diminish their worth and value as young mothers. This finding adds a valuable piece of the larger picture of why there is incongruence between what young mothers need and how current policy and services respond.

Where to From Here? Re-Visioning Young Motherhood

What emerged loud and clear from the young mothers' collected narrative was the need to re-vision present social and health policy, delivery and practice to a model that is congruent with the lives, experiences and social realities of young mothers. In the

last decade, policy has narrowly focused on intervention and efforts to reduce teenage pregnancy and directed resources to education, training and/or work as a viable solution to the “problem” of teenage pregnancy (Kidger, 2004). This approach is based on a foundation that privileges the voices of middle class health professionals, a concept echoed by Denzin (1989) which suggests that many human service policies are made and implemented by people with faulty interpretations and misinformed judgements that are not representative of the clients they are providing services for. Kidger (2004) argues that current policy responses are unjust, demanding that young mothers are at fault and should reform their (inadequate) values and actions rather than call for social and health care services to start to examine and reform their own values and perceptions towards young motherhood. This process starts by re-visioning young mothers from “passive recipients of social policies determined by more powerful voices” (Kidger, 2004) to a narrative approach that provides the space for young mothers to find their own voices and solutions, becoming active agents in re-scripting narratives of hope, autonomy and agency.

Many qualitative researchers have called for an alternative approach to close the significant gap in service provision for young mothers. This thesis presents a strong argument for fostering a narrative approach to practice. This begins by ‘unlearning’ what we know and start opening and entering the worlds (if only imaginatively) of our clients and the communities in which they live, and start to see and interpret their worlds from their point of view (Charon, 2006).

Recommendations

To complete this story of how a group of young women from the Peel region of Western Australia make sense, understand and experience motherhood, I offer a number of recommendations.

First, undergraduate nursing education should place greater emphasis on a narrative approach, with particular focus on understanding the strong connection between life experiences, social, structural and cultural circumstances and how these can potentially shape and constrain communities' individual and collective storylines. Narrative pedagogy may help balance the objective and subjective dimensions in nursing education, facilitating nursing students' preparedness for the reality of practice by rehearsing strategies for managing the emotional demands inherent in nursing work (Walsh, 2011). Greenhalgh and Hurwitz (1999) assert understanding the narrative context of illness is a lost tradition that should be re-introduced in teaching and practice of medicine because it approaches a patient's problems from a holistic perspective, uncovering both diagnostic and therapeutic care options. A key finding in Hsu and McCormack's (2011) use of narrative inquiry to inform the nursing practice of older persons recommends introducing narrative interviewing methods into everyday nursing practice.

Secondly, providing narrative training in professional development of existing health care providers could potentially shift the current intervention focused, 'expert' perspective to a more contextual, relational approach that engages young mothers. The power of using narrative practice in health is highlighted in Charon's (2006) book 'Narrative Medicine: Honoring the Stories of Illness' stating that:

Narrative medicine undertakings have the capacity to shift deep cultural and intellectual patterns of our environment. Through the content of humanities teaching and through the interdisciplinary and discovery methods of our teaching, these efforts can exert a sustained, directional pressure toward egalitarianism, openness to and respect for one another's perspectives, humility, and a deep and lasting appreciation for the privileges our clinical practice confer on us: to bear witness to others' suffering and, by virtue of our presence, to lessen it (p. 226).

A narrative approach to practice that develops skills in deep listening and fostering safe spaces for trusting, respectful, non-judgmental and caring relationships to form has been recommended in primary care (Launer, 2002) and more recently in

mental health nursing care. Hall and Powell (2011) suggest that a narrative approach has been successful in assisting caregivers to prevent prescribing on stereotypic notions that have been created by diagnostic frameworks and treatment of illness, whilst neglecting to acknowledge the person. Understanding a person through a narrative lens leads to a deeper understanding of how mental health symptoms link to life events allowing nurses to plan more congruent care that aligns with social networks and individual life circumstances (Hall & Powell, 2011).

Thirdly, a narrative approach to practice when working with people and communities fosters the elements required for unlearning to occur. These include openness to vulnerability, willingness to listen, explore new ideas, feelings and act in new ways (Rushmer & Davies, 2004, p, ii13). Narrative ideas have been used in teaching health practitioners about mental illness in the classroom. Drawing from White's (2007) reflecting teams and outsider-witness practices, Morrison (2010) used a narrative process to help students move away from familiar views and past stereotypes of mental illness to a new understanding of themselves and people who experience mental illness. This narrative approach stimulated unlearning, resulting in the students adopting new and more helpful approaches to their practice. These elements of unlearning resonate with both Goodson and Gill's (2011) spiral of narrative learning, and are strengthened if undertaken in a safe, socially supportive environment where 'communities of practice' are encouraged (Wenger, 1998). 'Communities of practice' for health professionals would be both timely and beneficial providing the 'looking glass space' for unlearning and re-visioning of future social and health care practice. Narrative practice is a sensitive approach to individual and collective organizational change in social and health care policy, practice and service delivery. It honours individuals (both clients and practitioners) as experts of their own lives and creators of their own storylines. As I discovered on my research journey this may assist

practitioners in recognising unhealthy power relationships and it has the potential to level current stratified hierarchy within health care settings (Charon, 2006).

Fourthly, the findings from this research lead to recommendation that community and social services need to provide judgment-free services that foster social identity and support by encouraging young mothers to acknowledge, explore and share personal narratives. As discovered in the findings, community spaces that foster narrative and social learning are valuable in developing the young mothers' health literacy and personal agency needed to envision and actively direct their future stories in positive and meaningful ways. Community spaces like the Happy Hut offer innovative, viable and sustainable services that are grounded in the lives and understandings of young mothers in the community.

Finally, social and health services need to start adopting a strengths-based approach that values and prioritizes relational intangible approaches which occur in spaces like the Happy Hut. The findings from this study suggest that we need to follow in the Happy Hut's footsteps and re-align service delivery to a primary health care 'bottom up' approach that builds capacity, social capital and resilience in young mothers. This begins by putting listening on the agenda before the posing of solutions, shifting from a 'what is wrong with you?' to: 'how can we best resource you?' focus (Wierenga, 2009, p. 189) when working with young people. This will ensure that we provide early and timely support that is congruent with young mothers' lives and needs.

The strength of this research lies in the identification and visibility of a community service and space that supports health. This aligns with a community empowerment framework developed by Rifkin (1996) in which the main goal is to mobilise communities. Empowerment is therefore not only a process but an outcome that encourages redistribution of resources and power, increasing capacity of vulnerable community groups to control key influences over their lives and the lives of their

children (Rifkin, 1996). Fundamental to narrative practice is the egalitarian partnership, based on inclusive decision making that fosters a sense of control over young mothers' lives cultivating a sense of social cohesion, a sense of belonging and commonality that builds trust and enhances health in communities (Hertzman, 2001).

Possible directions for future research

This research reveals some important new research directions for the future. Firstly, this study affirms narrative inquiry as a significant and powerful methodological tool for community health nurses to explore and illuminate the experiences of young peoples' lives. Further narrative research that offers key insights and knowledge into how we can strengthen the nexus between community social and health research, practice and delivery is recommended. This will widen the dialogue and challenge the dominant deficit discourse of young motherhood, potentially dismantling the 'expert' health professional culture that contributes to the current policy and health and social service provision gap.

This research has also opened up many possible directions for future narrative research, especially exploring the interplay between narrative capacity, personal agency and access to social and cultural resources in the community. Contextual research, exploring the link between vulnerable groups and community spaces that facilitate narrative and social learning and the re-authoring of individual and collective stories, warrants further exploration. In addition, how narrative and social learning spaces can foster health literacy in young mothers needs to be explored.

Longitudinal narrative research needs to be undertaken that incorporates other life events or turning points in young mothers' lives. This could add value to my preliminary findings by offering a more comprehensive picture of how supportive community contexts like the Happy Hut can impact the long-term construction of young mothers' future lives and storylines. It could also provide key insights into why some

young mothers are able to live flourishing lives, despite disadvantaged beginnings, and others cannot mobilize out of their static, socially scripted storylines.

Finally, there is a need to explore the use of narrative inquiry as a core component of nursing practice. Based on my own research journey, a narrative approach de-institutionalizes relationships and fosters reciprocity, an inter-dependent ‘open’ narrative learning journey to occur between health care provider and the individual. Further exploration of the use of storytelling to promote personal and professional growth in practitioners may provide insight into how we can prevent the growing ‘burnout’ of practitioners in caring professions. By encouraging a different space and perspective to view how we care and help others, narrative-based practice could potentially exchange a burdensome caring experience to a mutually enriching one. This is supported by Charon (2006) who suggests that narrative acts replenish instead of deplete us “for our suffering helps our patients to bear theirs. Its own reward, this care envelops us all with meaning, with grace, with courage, and with joy” (p. 236). Additional research should be undertaken to explore this relationship and how the co-constructed nature of narrative can enhance social and health care practice at an individual and collective level.

Limitations

It must be acknowledged that this research study is only a snapshot of the experiences of young mothers as “instances of social action” (Denzin & Lincoln, 2008, p. 290) within a seven month time period. The young mothers in this study were derived from one homogenous group within one community service, the Happy Hut. This allowed for the development of information rich cases and sufficient depth of meaning which Flyvbjerg (as cited in Riessman, 2004) asserts outweighs any claims about transferability or generalizability in social science research. In retrospect, a life history approach, involving a prolonged reciprocal exchange, may have been provided

more insightful findings of young motherhood in the community. Goodson and Gill (2011) recommend a sustained life history approach that develops between two people as a collaborative process involving meaning-making and reflexivity that goes beyond the story itself. However, the scope of this project and strict candidature timeframes prevented a prolonged co-constructed narrative exchange with the young women. Further research would be necessary with other, more varied communities of young mothers to determine if the findings are consistent and transferable to other populations.

Some limitations, inherent and unavoidable in doing qualitative research, are the intimate involvement and role of the inquirer during the research process. This lies at the heart of the co-constructed nature of engaging in narrative research. However, I balanced this by adopting a heightened sensitivity and awareness to potential bias of my interpretative lens, including an honest and transparent account of my experiences in scholarly personal reflective field notes throughout the thesis. This was complemented by regular debriefing with my supervisors, member checks with informants and documenting my decisions in the methodological audit trail. This included the challenges I experienced during the research process. All of these processes contribute to the trustworthiness of this research study.

Despite my research study being small, exploratory and focused on just one episode of young mothers' life stories in one community context, the findings offer some key narrative knowledge in how young women make sense of, understand and experience pregnancy and motherhood, providing key insight how we can begin to close the considerable gap between how young mothers experience motherhood and current policy response.

Closing Remarks

As a starting point for this research study, I referred to the words of Mahatma Gandhi: "make injustice visible". In a small way, this research thesis has achieved this

by providing the space for the young mothers to voice their untold stories. In doing so, they affirmed what we already know: the playing field is not level, a strong connection between life experiences, social, structural and cultural circumstances and access to community resources exist and can simultaneously shape and constrain how young mothers experience and transition to motherhood in the community.

Despite early biographies of fragmented childhoods, the metaphorical themes revealed in this study portrayed powerful and shared storylines of resilience as the young women negotiated and creatively adapted to their changing circumstances and new motherhood roles. The central theme to their motherhood accounts was that becoming pregnant was a significant turning point in their lives, a transformational experience that provided the catalyst for new and alternate identity stories to emerge. An integral part of negotiating their transition to motherhood was the supportive role the Happy Hut played in scaffolding the young mothers' experiences. The young mothers' narratives highlighted the importance of judgement-free community spaces that foster narrative and social learning. Community spaces, whereby young mothers can access an alternate stock of knowledge and storylines, not only mitigates the effect of the wider community stigma but also inspires the construction of more empowering narratives from those that dominated the past.

As health care providers, it is a matter of integrity that that we begin the challenging process of opening our own narrative and re-vision how we view and respond to young motherhood by re-aligning policy and practice to a primary health care model that values young mothers as the experts of their own lives. This can be achieved by engaging a relational, narrative approach that honors the complexities of young peoples' lives and social worlds through the stories they tell.

Epilogue

This book is a bridge. You cross alone. The landscape entered is your own

(John Loveday)

Throughout this thesis, I have interwoven my own personal research story. I believe this was integral in illuminating the dual reflections of the young mothers and my own experiences, finding the harmony in our voices. Following this research journey, I want to share with you some ‘practical wisdom’ I have acquired, or, as Aristotle describe the intellectual virtue of *phronesis*. Firstly, do not be a slave to the constraints of paradigm walls; they are neither useful nor make sense. Only tick boxes when absolutely necessary and try to refrain from neatly packaging and labelling people into generic compartments. Exchange diminishing dialogue with deeper dialogue that encompasses radical methodologies of hope, especially when working with young people. Take risks, even if you may look like a fool: be courageous and expose your heart and your mind and what exists inside you. It is within these moments and spaces of uncertainty and vulnerability that you might just be starting to flourish.

I hope my research story speaks to your mind, but most importantly to your heart, and makes a difference to how you see and work with young mothers in the community. I encourage you to start challenging and interrupting the contradictions and injustices that exist within your community; and I hope that life will beckon and create the spaces for you to move forward and open to new perspectives and ways of seeing the world, just like this research journey did for me. This is not the end of the story, it is just the beginning. This thesis has nurtured my soul and, in uncovering my voice, has written indelibly on the slate of who I am. I hope this thesis is like a small stone that, when thrown into a pond, produces ripples in the collective consciousness of like-minded and hearted nurses across the globe.

References

- AIHW [Australian Institute of Health and Welfare] 2007. *Young Australians, Their Health and Wellbeing 2007*, Catalogue No. PHE87. Canberra: AIHW
- Arai, L. (2003). Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from Qualitative Research. *The Sociological Review*, 51(2), 199-217.
- Aranda, S., & Street, A. (2001). From individual to group: use of narratives in a participatory research process. *Journal of Advanced Nursing*, 33(6), 791-797.
- Aronie, N. S. (1998). *Writing from the heart: Tapping the power of your inner voice*. New York: Hyperion.
- Aston, M., Meagher-Stewart, D., Edwards, N., & Young, L. M. (2009). Public Health Nurses' Primary Health Care Practice: Strategies for Fostering Citizen Participation. *Journal of Community Health Nursing*, 26(1), 24 - 34.
- Atkinson, R. (1995). *The gift of stories: Practical and spiritual applications of autobiography, life stories, and personal mythmaking*: USA: Greenwood Publishing Group.
- Australian Research Alliance for Children & Youth (2013). *Report Card: The Wellbeing of Young Australians*. Retrieved from <http://www.aracy.org.au/projects/report-card-the-wellbeing-of-young-australians>
- Azzi-Lessing, L. (2011). Home visitation programs: critical issues and future directions. *Early Childhood Research Quarterly*, 26(4), 387-398.
- Baikie, K. A., & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11(5), 338-346.
- Bandura, A. (2006). Towards a Psychology of Human Agency. *Perspectives on Psychological Science*, vol. 1 (2), 164-180.

- Banks-Wallace, J. (1999). Storytelling as a tool for providing holistic care to women. *MCN: The American Journal of Maternal/Child Nursing*, 24(1), 20-24.
- Barnet, B., Liu, J., DeVoe, M., Alperovitz-Bichell, K., & Duggan, A. K. (2007). Home visiting for adolescent mothers: effects on parenting, maternal life course, and primary care linkage. *Annals of Family Medicine*, 5(3), 224-229.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559.
- Baum, F., & Palmer, C. (2002). 'Opportunity structures': urban landscape, social capital and health promotion in Australia. *Health Promotion International*, 17(4), 351-361.
- Baum, F., & Simpson, S. (2006). Building healthy and equitable societies: what Australia can contribute to and learn from the Commission on Social Determinants of Health. *Health Promotion Journal of Australia*, 17(3), 174-179.
- Baum, F. (2009). Envisioning a healthy and sustainable future: essential to closing the gap in a generation. *Global Health Promotion*, 16 (1_suppl), 72-80.
- Beeber, L. S., & Canuso, R. (2005). Strengthening Social Support for the Low-Income Mother: Five Critical Questions and a Guide for Intervention. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34(6), 769-776.
- Berg, B. L. (2009). *Qualitative Research Methods For Social Sciences* (7th ed.). Boston: Pearson.
- Best, A., Stokols, D., Green, L., Leischow, S., Holmes, B., & Buchholz, K. (2003). An Integrative Framework for Community Partnering to Translate Theory into Effective Health Promotion Strategy. *American Journal of Health Promotion*, 18(2), 168-176.

- Bradley, B. S. (2009). Rethinking 'Experience' in Professional Practice: Lessons from Clinical Psychology. In B. Green (Ed.), *Understanding and Researching Professional Practice*. Rotterdam: Sense Publishers.
- Brady, G., Brown, G., Wilson, C., Letherby, G. (2008). New ways with young mothers – how services can better meet their needs, *MIDIRS Midwifery Digest*, 18(4), 579-581.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breheny, M., & Stephens, C. (2010). Youth or disadvantage? The construction of teenage mothers in medical journals. *Culture, health & sexuality*, 12(3), 307-322.
- Brewer, J. D. (2000). *Ethnography*. Philadelphia: Open University Press.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. USA: Harvard University Press.
- Browne, A. J., Hartrick Doane, G., Reimer, J., MacLeod, M. L. P., & McLellan, E. (2010). Public health nursing practice with 'high priority' families: the significance of contextualizing 'risk'. *Nursing Inquiry*, 17(1), 27-38.
- Brubaker, S. J., & Wright, C. (2006). Identity transformation and family caregiving: Narratives of African American teen mothers. *Journal of Marriage and Family*, 68(5), 1214-1228.
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18 (1), 1-21.
- Bruner, J. (2004). Life as narrative. *Social Research: An International Quarterly*, 71(3), 691-710.

- Bryant, R. (2009). *Improving Maternity Services in Australia: The Report of the Maternity Services Review*: Department of Health and Ageing. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/content/msr-report-msr-report>
- Bunting, L., & McAuley, C. (2004). Research review: teenage pregnancy and motherhood: the contribution of support. *Child & Family Social Work*, 9(2), 207-215.
- Campbell, C., & Murray, M. (2004). Community Health Psychology: Promoting Analysis and Action for Social Change. *Journal of Health Psychology*, 9(2), 187-195.
- Carpenter, J. (2008). Metaphors in qualitative research: Shedding light or casting shadows? *Research in Nursing & Health*, 31(3), 274-282.
- Cater, S., & Coleman, L. (2006). *"Planned" teenage pregnancy: perspectives of young parents from disadvantaged backgrounds*. Bristol: Policy Press.
- Chablani, A., & Spinney, E. R. (2011). Engaging High-Risk Young Mothers into Effective Programming: The Importance of Relationships and Relentlessness. *Journal of Family Social Work*, 14(4), 369-383.
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. USA: Oxford University Press.
- Clandinin, D. J., & Connelly, F. M. (2000). *Experience and story in qualitative research*. San Francisco: Jossey-Bass.
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland spaces and tensions. In Clandinin, D (Ed.). *Handbook of narrative inquiry: Mapping a methodology* (pp. 35-75). California: Sage Publications.
- Clemmens, D. (2003). Adolescent Motherhood: A Meta-Synthesis of Qualitative Studies. *The American Journal of Maternal Child Nursing*, 28(2), 93-99.

- Coffey, A., & Atkinson, P. (1996). *Making Sense of Qualitative Data: Complementary Research Strategies*. California: Sage Publications.
- Coffel, C. M. (2011). *Thinking Themselves Free: Research on the Literacy of Teen Mothers*. New York: Peter Lang Pub Incorporated.
- Cohen, D., Lises, C., Williams, W., Brunson, C., & Batstone, T. (2011). Exploratory study to evaluate the provision of additional midwifery support to teenage mothers. *Public Health*, 125(9), 632-638.
- Coy, M. (2006). This Morning I'm A Researcher, This Afternoon I'm An Outreach Worker: Ethical Dilemmas in Practitioner Research. *International Journal of Social Research Methodology*, 9(5), 419-431.
- Cowen, E. L. (1982). Help is where you find it: Four informal helping groups. *American Psychologist*, 37(4), 385-395.
- Creswell, J. W. (2006). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. California: Sage Publications.
- Crouchley, K., Daly, A., Molster, C. (2006). *An Overview of the Health and Wellbeing of Young Adults in Western Australia 2002-2005*. Perth: Department of Health, Western Australia.
- Commission of Social Determinants of Health. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Geneva: World Health Organization.
- Cutcliffe, J. R., & McKenna, H. P. (1999). Establishing the credibility of qualitative research findings: the plot thickens. *Journal of Advanced Nursing*, 30(2), 374-380.
- de Jonge, A. (2001). Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers. *Journal of Advanced Nursing*, 36(1), 49-57.

- Deleuze, G., & Guattari, P. F. (1987). *A Thousand plateaus: Capitalism and schizophrenia*. Minneapolis: University of Minnesota Press.
- Denzin, N. K., & Lincoln, Y. S. (2008). *Collecting and interpreting qualitative materials* (3rd Ed.). California: Sage Publications.
- DeVito, J. (2007). Self-perceptions of parenting among adolescent mothers. *Journal of Perinatal Education*, 16(1), 16-23.
- Dulwich Centre (n.d.). What is narrative therapy? Retrieved from <http://www.dulwichcentre.com.au/what-is-narrative-therapy.html>
- Duncan, S. (2007). What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*, 27(3), 307-334.
- Duffy, K. G., & Wong, F. Y. (1999). *Community psychology* (2nd ed.). Boston: Allyn & Bacon.
- East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: an approach that can help to develop resilience. *Nurse Researcher*, 17(3), 17.
- Eckersley, R., Wierenga, A., & Wyn, J. (2006). *Flashpoint and Signposts: Pathways to Success and Wellbeing for Australia's Young People*. Melbourne: Australia 21 Ltd, the Australian Youth Research Centre and Victorian Health Promotion Foundation.
- Ellis, C. S., & Bochner, A. (2000). Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject. In N. Denzin & Y. S. Lincoln (Eds.), *The Handbook of Qualitative Research* (pp. 733-768). California: Sage Publications.
- Fetterman, D. M. (1998). *Ethnography: Step by step* (2nd ed.). California: Sage Publications.
- Fielden, J. M., & Gallagher, L. M. (2008). Building social capital in first-time parents through a group-parenting program: A questionnaire survey. *International Journal of Nursing Studies*, 45(3), 406-417.

- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977*. Great Britain: The Harvester Press Limited.
- Freire, P. (2004). *Pedagogy of Indignation*, Boulder: Paradigm Publishers.
- Frid, I., Öhlén, J., & Bergbom, I. (2000). On the use of narratives in nursing research. *Journal of Advanced Nursing*, 32(3), 695-703.
- Gadamer, H.G. (2008). *Philosophical hermeneutics*. California: University of California Press.
- Geertz, C. (1973). 'Thick Description: Towards an Interpretive Theory of Culture'. In C. Geertz (Ed.). *The Interpretation of cultures*. New York: Basic books.
- Geronimus, A. T. (1997). Teenage childbearing and personal responsibility: An alternative view. *Political Science Quarterly*, 112(3), 405-430.
- Geronimus, A. T. (2003). Damned if you do: culture, identity, privilege, and teenage childbearing in the United States. *Social Science & Medicine*, 57, 881-893.
- Geronimus, A. T. (2004). Teenage childbearing as cultural prism. *British Medical Bulletin*, 69(1), 155-166.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Doubleday.
- Goodson, I., & Gill, S. (2011). *Narrative pedagogy: life history and learning* (Vol. 386): New York: Peter Lang Pub Incorporated.
- Greenhalgh, T., & Hurwitz, B. (1999). Narrative based medicine: Why study narrative? *British Medical Journal*, 318(7175), 48.
- Hagan, T. (1986). Interviewing the downtrodden. In Ashworth, P.D., Giorgi, A. & Konig, A.J.J (Eds.), *Qualitative Research in Psychology*. Pittsburgh: Duquesne University Press.
- Hall, T., Coffey, A., & Williamson, H. (1999). Self, Space and Place: Youth Identities and Citizenship. *British Journal of Sociology of Education*, 20(4), 501-513.

- Hall, J. M., & Powell, J. (2011). Understanding the person through narrative. *Nursing Research and Practice*, vol. 2011. doi: 10.1155/2011/293837
- Hammersley, M., & Atkinson, P. (1995). *Ethnography: principles in practice* (2nd ed.). London ; New York: Routledge.
- Hanna, B. (2001). Negotiating motherhood: the struggles of teenage mothers. *Journal of Advanced Nursing*, 34(4), 456-464.
- Herrman, J. W. (2006). The voices of teen mothers: The experience of repeat pregnancy. *MCN: The American Journal of Maternal/Child Nursing*, 31(4), 243.
- Hertzman, C. (2001). Health and Human Society. *American Scientist*, 89 (6), 538.
- Hogg, C., & Warne, T. (2010). Ordinary people, extraordinary voices: The emotional labour of lay people caring for and about people with a mental health problem. *International Journal of Mental Health Nursing*, 19(5), 297-306.
- Hsu, M. Y., & McCormack, B. (2012). Using narrative inquiry with older people to inform practice and service developments. *Journal of Clinical Nursing*, 21(5-6), 841-849.
- Holloway, I. (2011). Being a qualitative researcher. *Qualitative Health Research*, 21(7), 968-975.
- Holloway, I., & Freshwater, D. (2007). Vulnerable story telling: narrative research in nursing. *Journal of Research in Nursing*, 12(6), 703-711.
- Irwin, R. L., Beer, R., Springgay, S., Grauer, K., Xiong, G., & Bickel, B. (2006). The rhizomatic relations of a/r/tography. *Studies in Art Education*, 70-88.
- Jackson, D. & Borbasi, S. (2006). Nursing care and nurse caring: issues, concerns, debates. In J. Daly, S. Speedy, D. Jackson (Eds.), *Contexts of Nursing* (2nd ed.). Marrickville, NSW: Elsevier.

- Jackson, D., & Mannix, J. (2003). Mothering and women's health: I love being a mother but... there is always something new to worry about. *Australian Journal of Advanced Nursing*, 20 (3), 30-37.
- Jackson, D., & Raftos, M. (1997). In uncharted waters: confronting the culture of silence in a residential care institution. *International Journal of Nursing Practice*, 3(1), 34-39.
- Jacobson, D. A. (1986). Types and Timing of Social Support. *Journal of Health and Social Behavior*, 27(3), 250-264.
- Johns, C. (2002). *Guided Reflection: Advancing Practice*. Oxford: Blackwell Publishing.
- Kelly, D. M. (1996). Stigma Stories Four Discourses about Teen Mothers, Welfare, and Poverty. *Youth & Society*, 27(4), 421-449.
- Kidger, J. (2004). Including young mothers: Limitations to New Labour's strategy for supporting teenage parents. *Critical Social Policy*, 24(3), 291-311.
- Klaus, M.H. & Kennell, J.H. (1982). *Parent-Infant Bonding* (2nd Ed.). St Louis: Mosby.
- Kulkarni, S. (2007). Romance narrative, feminine ideals, and developmental detours for young mothers. *Affilia: Journal of Women and Social Work*, 22(1), 9-22.
- Labonte, R. (1997). Community and public health: an international perspective. *Health Visitor*, 70(2), 64-67.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by* (Vol. 111), Chicago: The University of Chicago Press.
- Larkins, S. L. (2007). *Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the "U Mob Yarn Up" Young Parents' Project*. (Doctoral dissertation), James Cook University, Townsville, QLD.

- Launer, J. (2002). *Narrative-based Primary Care: a practical guide*. United Kingdom: Radcliffe Publishing.
- Lawrence-Lightfoot, S., & Davis, J. H. (1997). *The Art and Science of Portraiture*. San Francisco: Jossey-Bass.
- Lee, T. Y., Cheung, C. K., & Kwong, W. M. (2012). Resilience as a Positive Youth Development Construct: A Conceptual Review. *The Scientific World Journal*, vol. 2012 doi: 10.1100/2012/390450.
- Lenrow, P. (1978). *Dilemmas of professional helping: continuities and discontinuities with folk helping roles*. New York: Academic Press.
- Lesko, N. (2001). *Act your Age: A cultural construction of adolescence*. New York: Routledge Falmer.
- Li, J., McMurray, A., & Stanley, F. (2008). Modernity's paradox and the structural determinants of child health and well-being. *Health Sociology Review*, 17(1), 64-77.
- Logsdon, M., & Davis, D. (2003). Social and Professional Support for Pregnant and Parenting Women. *MCN: The American Journal of Maternal and Child Nursing*, 28(6), 371-376.
- Logsdon, M. C., Gagne, P., Hughes, T., Patterson, J., & Rakestraw, V. (2005). Social Support during Adolescent Pregnancy: Piecing Together a Quilt. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34(5), 606-614.
- Logsdon, M. C., & Koniak-Griffin, D. (2005). Social support in Postpartum Adolescents: Guidelines for Nursing Assessments and Interventions. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34(6), 761-768.
- Luttrell, W. (2003). *Pregnant Bodies, Fertile Minds: Gender, Race, and the Schooling of Pregnant Teens*. New York: Routledge.

- Lysaght, P. (2009). Externalising stories: When research becomes therapy. *Current Narratives*, 1(1), 35-40.
- Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*, 372, 1661-1669.
- Matthews, R. (2009). Do peer-led parent groups make young mothers better parents? *Southern Online Journal of Nursing Research*, 9 (4).
- Mayes, R. (2012) *Peel Away the Mask II: Review of the Social Conditions of the Peel Region*. Peel Community Development Group. Retrieved from <http://www.rdapeel.org.au/wp-content/uploads/2011/10/Peel-Away-the-Mask-II-2012-Executive-Summary.pdf>
- McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: Guilford Press.
- McAdams, D. P. (2012). Exploring Psychological Themes Through Life-Narrative Accounts. In J. A. Holstein & J. J. Gubrium (Eds.), *Varieties of Narrative Analysis*. California: Sage Publications.
- McAllister, M.M. (2001). In harm's way: a postmodern narrative inquiry. *Journal of Psychiatric and Mental Health Nursing*, 8, 391-397.
- McCance, T. V., McKenna, H. P., & Boore, J. R. (2001). Exploring caring using narrative methodology: an analysis of the approach. *Journal of Advanced Nursing*, 33(3), 350-356.
- Macdonald, G. (2002). Transformative unlearning: safety, discernment and communities of learning. *Nursing Inquiry*, 9(3), 170-178.
- McMurray, A. (2007). *Community health and wellness: A socio-ecological approach* (3rd Ed.). Sydney: Mosby Elsevier.

- Meade, C. S., Kershaw, T. S., & Ickovics, J. R. (2008). The intergenerational cycle of teenage motherhood: an ecological approach. *Health Psychology*, 27(4), 419-429.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis* (2nd ed.). California: Sage Publications.
- Mills, A., Schmied, V., Taylor, C., Dahlen, H., Schuiringa, W., & Hudson, M. E. (2012). Connecting, learning, leaving: supporting young parents in the community. *Health & Social Care in the Community*, 20(6), 663-672.
- Mitchell, W., & Green, E. (2002). 'I don't know what I'd do without our Mam' motherhood, identity and support networks. *The Sociological Review*, 50(1), 1-22.
- Morehead, A., & Soriano, G. (2005). Teenage mothers: Constructing family. *Family Matters*, 72, 64-71.
- Morgan, A. (2000). *What is narrative therapy?* Adelaide: Dulwich Centre Publications.
- Morrison, P. (2010). Using narrative ideas to learn about mental illness in the classroom. *Current Narratives*, 2, 55-67.
- Nathanson, C. A. (1991). *Dangerous passage: The social control of sexuality in women's adolescence*. Philadelphia: Temple University Press.
- Nash, R. J. (2004). *Liberating scholarly writing: The power of personal narrative*. New York: Teachers College Press.
- National Health and Hospitals Reform Commission & Australian Department of Health and Ageing. (2009). *A healthier future for all Australians final report June 2009*
Retrieved from <http://www.health.gov.au> <http://nla.gov.au/nla.arc-104821>
- Oakley, A. (1980). *Women Confined. Towards a Sociology of Childbirth*. Oxford: Martin Robertson.

- Orford, J. (2008). *Community psychology: Challenges, controversies and emerging consensus*. Chichester: Wiley.
- Pennebaker, J. W. (2000). Telling Stories: The Health Benefits of Narrative. *Literature and Medicine*, 19(1), 3-18.
- Pinkerton, J., & Dolan, P. (2007). Family support, social capital, resilience and adolescent coping. *Child & Family Social Work*, 12(3), 219-228.
- Punch, K. F. (1998). *Introduction to Social Research: Quantitative and Qualitative Approaches*. California: Sage Publications.
- Putnam, R. D. (2000). *Bowling alone: the collapse and revival of American community*. New York; London: Simon & Schuste.
- Redwood, T., Pyer, M., & Armstrong-Hallam, S. (2012). Exploring attitudes and behaviour towards teenage pregnancy. *Community Practitioner*, 85(3), 20-23.
- Richardson, L., St. Pierre, E.A. (2008). Writing: A Method of Inquiry. In N. K. Denzin, Lincoln, N.Y. (Ed.), *Collecting and Interpreting Qualitative Materials* (3rd ed.). California: Sage Publications.
- Riessman, C. K. (2007). *Narrative Methods for the Human Sciences*. California: Sage Publications.
- Ricoeur, P. (1988). *Time and Narrative*. K. McLaughlin & D. Pellauer (Trans.). Chicago: University of Chicago Press.
- Rifkin, S. B. (1996). Paradigms Lost: Toward a new understanding of community participation in health programmes. *Acta Tropica*, 61(2), 79-92.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. United States of America: Houghton Mifflin.
- Rolfe, A. (2008). 'You've got to grow up when you've got a kid': Marginalized young women's accounts of motherhood. *Journal of Community & Applied Social Psychology*, 18(4), 299-314.

- Romagnoli, A., & Wall, G. (2012). 'I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. *Health, Risk & Society*, 14(3), 273-289.
- Rossi, A.S. (1968). Transition to parenthood. *Journal of Marriage and the Family*, 30 (1), 26-39.
- Rubin, R. (1984) *Maternal Identity and the Maternal Experience*. New York: Springer.
- Rushdie, S. (n.d.). Storyteller. Retrieved from <http://www.storyteller.net/articles/160>
- Rushmer, R., & Davies, H. (2004). Unlearning in health care. *Quality and Safety in Health Care*, 13 (suppl 2), ii10-ii15.
- Rutman, D., Strega, S., Callahan, M., & Dominelli, L. (2002). 'Undeserving' mothers? Practitioners' experiences working with young mothers in/from care. *Child & Family Social Work*, 7(3), 149-159.
- Sandelowski, M. (1995). Sample size in Qualitative Research. *Research in Nursing & Health*, 18(2), 179-183.
- Schwartz, B., & Sharpe, K. E. (2006). Practical wisdom: Aristotle meets positive psychology. *Journal of Happiness Studies*, 7(3), 377-395.
- Shaw, M., Lawlor, D. A., & Najman, J. M. (2006). Teenage children of teenage mothers: Psychological, behavioural and health outcomes from an Australian prospective longitudinal study. *Social Science & Medicine*, 62(10), 2526-2539.
- Smith, J. M. (2007). *Ireland's Magdalen Laundries and the Nation's Architecture of Containment*. Indiana: University of Notre Dame Press.
- SmithBattle, L. (1994). Beyond normalizing: The role of narrative in understanding teenage mothers' transition to mothering. In P. Benner (ed.), *Interpretive Phenomenology* (pp. 141-166) California: Sage Publications.

- SmithBattle, L., & Leonard, V. W. (1998). Adolescent mothers four years later: Narratives of the self and visions of the future. *Advances in Nursing Science*, 20(3), 36-49.
- SmithBattle, L. (2000). The Vulnerabilities of Teenage Mothers: Challenging Prevailing Assumptions. *Advances in Nursing Science*, 23(1), 29-40.
- SmithBattle, L. (2003). Displacing the “Rule Book” in Caring for Teen Mothers. *Public Health Nursing*, 20(5), 369-376.
- SmithBattle, L. (2007). Learning the Baby: An Interpretive Study of Teen Mothers. *Journal of Pediatric Nursing*, 22(4), 261-271.
- SmithBattle, L. (2009). Pregnant with possibilities: drawing on hermeneutic thought to reframe home-visiting programs for young mothers. *Nursing Inquiry*, 16(3), 191-200.
- SmithBattle, L., Lorenz, R., & Leander, S. (2012). Listening with care: using narrative methods to cultivate nurses’ responsive relationships in a home visiting intervention with teen mothers. *Nursing Inquiry*. doi: 10.1111/j.1440-1800.2012.00606.x
- Sorrell, J. M., & Redmond, G. M. (1995). Interviews in Qualitative Nursing Research: Differing Approaches for Ethnographic and Phenomenological studies. *Journal of Advanced Nursing*, 21(6), 1117-1122.
- South, J., Meah, A., & Branney, P. E. (2012). ‘Think differently and be prepared to demonstrate trust: findings from public hearings, England, on supporting lay people in public health roles. *Health Promotion International*, 27(2), 284-294.
- Spear, H. J., & Lock, S. (2003). Qualitative Research on Adolescent Pregnancy: A Descriptive Review and Analysis. *Journal of Pediatric Nursing*, 18(6), 397-408.

- Spear, H. J. (2004). Personal Narratives of Adolescent Mothers-to-Be: Contraception, Decision Making, and Future Expectations. *Public Health Nursing*, 21(4), 338-346.
- Street, A. (1995). *Nursing Replay: Researching Nursing Culture Together*. Melbourne: Churchill Livingstone.
- Swadener, B. B., & Lubeck, S. (1995). *Children and Families "at promise": Deconstructing the discourse of risk*. New York: State University of New York Press.
- Taylor, B. J., Kermode, S., & Roberts, K. L. (2006). *Research in Nursing and Health Care: Evidence for Practice* (3rd ed.). South Melbourne: Thomson.
- Turner, K. M. (2004). Young women's views on teenage motherhood: a possible explanation for the relationship between socio-economic background and teenage pregnancy outcome? *Journal of Youth Studies*, 7(2), 221-238.
- Turney, H. M., Conway, P., Plummer, P., Adkins, S. E., Hudson, G. C., McLeod, D. A., & Zafaroni, A. (2011). Exploring Behavioral Intentions Among Young Mothers. *Journal of Family Social Work*, 14(4), 298-310.
- Wahn, E. H., & Nissen, E. (2008). Sociodemographic background, lifestyle and psychosocial conditions of Swedish teenage mothers and their perception of health and social support during pregnancy and childbirth. *Scandinavian Journal Public Health*, 36(4), 415-423.
- Walsh, M. (2011). Narrative pedagogy and simulation: Future directions for nursing education. *Nurse Education in Practice*, 11(3), 216-219.
- Watts, R. (1993). Doing ethnography with young people: How and why? In R. D. White (Ed.), *Youth Subcultures* (pp. 54-60). Hobart: National Clearinghouse for Youth Studies.

- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. United Kingdom: Cambridge University Press.
- Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating Communities of Practice*. Boston: Harvard Business School Publishing.
- White, M. (2007). *Maps of narrative practice*. New York: WW Norton & Company.
- Whitley, R., & Kirmayer, L. J. (2008). Perceived stigmatisation of young mothers: An exploratory study of psychological and social experience. *Social Science & Medicine*, 66(2), 339-348.
- Wierenga, A. (1999). Imagined trajectories: Local culture and social identity. In R. White (Ed.), *Australian Youth Subcultures: On the Margins and in the Mainstream*. Hobart: Australian Clearinghouse for Youth Studies.
- Wierenga, A. (2001). *Making a Life*. (Doctoral dissertation). University of Tasmania, Hobart, TAS.
- Wierenga, A. (2009). *Young people making a life*. New York: Palgrave Macmillan.
- Wilkinson, L. R. (2004). Hannah Arendt on Isak Dinesen: Between Storytelling and Theory. *Comparative Literature*, 56(1), 77-98.
- Wilkinson, R. G., & Marmot, M. (2003). *Social determinants of health: the solid facts*: World Health Organization.
- Wilkinson, R., & Pickett, K. (2009). *The Spirit Level: Why More Equal Societies Almost Always Do Better*. New York: Penguin Group.
- Wyn, J. (2009). *Youth Health and Welfare: The Cultural Politics of Education and Wellbeing*. South Melbourne: Oxford University Press.
- Wyn, P. J., & Woodman, D. (2006). Generation, Youth and Social Change in Australia. *Journal of Youth Studies*, 9(5), 495-514.
- Yardley, E. (2008a). Teenage mothers' experiences of stigma. *Journal of Youth Studies*, 11(6), 671-684.

- Yardley, L. (2008b). Demonstrating validity in qualitative psychology. In J.A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods* (pp. 235-251). London: Sage Publications.
- Yin, R. K. (2009). *Case Study Research: Design and Methods* (4th ed.). California: Sage Publications.

Appendices

APPENDIX A: Permission Letter from Happy Hut

19th October 2009

To whom it may concern,

I am writing to advise you that Gabrielle Brand has requested the use of the Happy Hut to conduct fieldwork and recruit participants as part of her Doctor of Philosophy research project at Murdoch University. She has discussed the research with me and the appropriate staff who run the Eyes Wide Open Program for teenage mothers have been informed. We support the use of the Happy Hut for collection of convenience sample of adolescent mothers who attend the Happy Hut and Eyes Wide Open program. We would support the use of the Happy Hut for fieldwork and the data collection which will include:

- Participant observation – including allowing Gabrielle to attend the Happy Hut over several months and interact in the everyday experiences and conversations with the pregnant and adolescent mothers
- Use a private room at the Happy Hut to interview the adolescent participants who volunteer for the study.
- Observe and interview staff and youth workers at the Happy Hut as required.

Yours sincerely,

Be Westbrook
Manager
Peel Youth Services

APPENDIX B: Informant Information Letter and Consent Form

Invitation

My name is Gabrielle Brand and I am a PhD student from Murdoch University. I would like to invite you to take part in a research project that I am undertaking within the School of Nursing at the Murdoch University campus in Mandurah. The project is about helping me understand how health, education and other community services including the Happy Hut are supporting you during your pregnancy and motherhood experience.

What would I be asked to do?

There are different stages and parts to this study: Please read ONLY the information of box ticked.

☐

Participant observation

If you agree to take part, you will be asked to allow me to observe you at the Happy Hut over several weeks. I would ask you to allow me to interact in your everyday experiences and conversations with your friends and youth workers at the Happy Hut. This is so I can find out how you experience support services to help you through your pregnancy and/or in raising your child. During these observations and interactions I will be taking notes of your everyday life and record them in a diary (field notes). If you do not wish to be observed or talk about personal stuff while I am observing you that is ok. You will not have to say or do anything you do not feel comfortable with.

☐

Interview

If you fit the criteria and agree to be interviewed, you will be asked to complete a questionnaire. The questionnaire will ask about your age, where you live, level of education and what health services you have visited during your pregnancy and/or new motherhood. Then the interview will involve us meeting for about one to two hours to discuss more fully your experiences, thoughts and feelings of what it is like for you as a pregnant teenager or teenage mother. In addition, I will invite you to share and discuss with me community factors that are influencing you during your pregnancy and/or in raising your child and your experience of the support services for teenage mothers within the Mandurah area.

Following the initial interview, you will also be asked to attend a follow-up meeting 3-6 months after your first interview. This meeting will give you the opportunity to further voice your experiences of pregnancy and/or motherhood and clarify information given in the first session.

These meetings will be run by myself at a convenient time for you in your home or a private room at the Happy Hut. All of the discussions will be recorded. In these sessions, if you do not wish to answer or talk about stuff that is personal to you that is ok. You will not have to say or do anything you do not feel comfortable with.

Will you tell anyone what I say while I am contributing to the project?

In almost all cases, the answer is no. If you tell me something that later I need to tell someone else because the law requires me to do so, then I will have to relate that information. I may also have to reveal something you say if I think that you might be being mistreated by someone or if you are hurting yourself. If this happens I will discuss this with you first before telling anyone else and make sure you know exactly

who I am going to tell and what I will say. In all other situations, I will treat what I observe or you tell me as being private and confidential.

Do I have to take part?

No. You are completely free to say yes or no. It will not affect your relationship with the Happy Hut.

What if I wanted to change my mind?

If you say yes, but then want to stop participating, that is ok. Just let me know and you can stop at any time.

What will happen to the information I give? Is it private and confidential?

All the information will remain strictly confidential and will not have your name on. The information will be kept in a locked cabinet in my office at the university. When I have collected all the information, I intend to write about what I found in a thesis (a large assignment). When I do this, I won't write or tell anyone your name, or the names of the Happy Hut or other health support services we discuss.

Will being part of the study benefit me in any way?

You may not get any personal benefit from taking part in this study. However, you may feel that by sharing your feelings and experiences about being a teenage mother you begin to value your role as a mother in your community. Important information from this study will also be shared and heard by people who may be able to improve support services for teenage mothers in the future.

Are there any risks of being part of the study?

There are no specific risks associated with this study. However, if you find that you become distressed or anxious during or after discussion about your feelings and experiences, we will take a break until you feel happy to continue. Alternatively, you are free to discontinue or withdraw at anytime. If any of these feelings persist after completing the session, arrangements will be made for you to access support from the counselling support service the Peel Community Mental Health Service, Lakes Road., Mandurah, 9531 8080 or the local branch of Relationships Australia, 7 Anzac Parade, Mandurah, 9535 5711. There will be no cost to you for these services.

Is this research approved?

The research has been approved by Murdoch University Human Research Ethics Committee and has been approved by the co-ordinators of the Happy Hut.

Who do I contact if I wish to find out more about the study?

If you would like to discuss anything about this study or ask some questions, please feel free to contact me. You may also contact my supervisors at the university if required, Professor Paul Morrison and Professor Barry Down. Our contact details are provided below.

OK – so how do I become involved?

If you do want to be a part of the project, then please read the next page and write and sign your name in the space provided.

Thank you for taking time to consider being part of this study. This letter is for you to keep.

Consent Form

Name of participant: _____

1. I would like to be involved voluntarily in this project.

☐ Yes ☐ No (please tick)

2. The information about this study has been given to me and I have received answers to all questions I have asked.

☐ Yes ☐ No (please tick)

3. I agree to participate in the following parts of the study (please tick)

- Observed in my everyday interactions at the Happy Hut ☐ Yes ☐ No
- Complete questionnaire and personal interview ☐ Yes ☐ No
- If interviewed, I am happy for this interview to be audio taped ☐ Yes ☐ No

4. I understand that I can choose to stop being observed at any time, and I am free to withdraw from the project at any time without needing to give any reason.

☐ Yes ☐ No (please tick)

5. I understand that all information provided by me is treated as confidential and will not be given to anybody else except where the researcher is required to do so by law.

☐ Yes ☐ No (please tick)

6. I understand that participating in this project will not affect my relationship with the Eyes Wide Open Program or the Happy Hut.

☐ Yes ☐ No (please tick)

Signature: _____ Date: _____

Researcher – Gabrielle Brand

I have fully explained to _____ the nature and purpose of the research, the procedures to be employed, and the possible risks involved. I have provided the participant with a copy of the Information Sheet.

Signature of Researcher

Date

Adult witness: _____ (print name)

Signature: _____ Date: _____

APPENDIX C: Participant Observation Periods

DATE	TIME	No of mums	LOCATION	NOTES
27/4/10	9:30-1pm	6	Pinjarra	1 st day Murray Mums group – Art Therapy
29/4/10	9:30-1:30pm	8	Happy Hut (Owen Street)	Relationships and communication session
4/5/10	9:30-1:30pm	3	Pinjarra	Relationships issues
6/5/10	9:30-1pm	8	Happy Hut (Owen Street)	Mothers' day special, homemade products, foot spas, make up
11/5/10	9:30-1pm	3	Pinjarra	Scarp booking, eating healthy foods
13/5/10	9:30-11am	5	Happy Hut (Owen Street) Library	Storytelling and activities for kids at local library
18/5/10	9:30am	0	Move to Lakes Road Location	
20/5/10	9:30-1pm	6	Happy Hut (relocate Lakes Road)	Dancing workshop and lunch
25/5/10	9:30-11am	3	Pinjarra	
4/6/10	9:30-1:30pm	2 facilitators	Happy Hut (Lakes Road)	Pilot interview questions and preliminary findings discussed with facilitators, feedback received
11/6/10	1-2pm	1	Shopping centre	iiP01 in local coffee shop
14/6/10	1130-1230pm	1	P02 home	iiP02 in shed on boyfriend's parents property

DATE	TIME	No of mums	LOCATION	NOTES
15/6/10	9:30-1:30pm	6 (3 new)	Pinjarra	2 nd group starts at Pinjarra for 5 weeks EWO course. 3 mums from last course (1 Mandurah group) and 3 new mums. Discussed importance of play and getting to know each other.
29/6/10	9:30-1:30pm	9 (2 new)	Pinjarra	9 mums present. Communicating with toddlers and parenting info session
22/7/10	9:30-1:30pm	10	Happy Hut (Lakes Road)	Started 10 week program, pregnancy and life after birth programs. New mums identified for interview
23/7/10	9:30-10:30am	4	Happy Hut (Lakes Road)	Education Extension program
29/7/10	9:30-1pm	11	Happy Hut (Lakes Road)	2 groups, pregnancy and life after birth
30/7/10	9:30-11am	4	Happy Hut (Lakes Road)	Education Extension program
5/8/10	9:30-1pm	4	Happy Hut (Lakes Road)	Developmental stages and play
6/8/10	9:30-10:30am	No show	Happy Hut (Lakes Road)	Education Extension program – No mums shoes, chatted with teachers
12/8/10	9:30-1pm	8	Happy Hut (Lakes Road)	Communal kitchen cooking iiP03
19/8/10	9:30-1pm	9	Happy Hut (Lakes Road)	Storytelling in circle, labour, birth and mothering fears, Pamper session iiPO4; iiPO5
26/8/10	9:30-1pm	6	Happy Hut (Lakes Road)	
27/8/10	9:30-11:30am	2	Happy Hut (Lakes Road)	Education Extension program – made pizza

DATE	TIME	No of mums	LOCATION	NOTES
2/9/10	9:30-1:30pm	10	Happy Hut (Lakes Road)	Birth plans for pregnant women, joined life after birth shared stories
3/9/10	9:30am	No show	Happy Hut (Lakes Road)	Education Extension program
9/9/10	9:30-1:30pm	6 mums and 3 partners	Peel Health Campus Hospital Tour	Hospital tour with midwife who attends Happy Hut; iiPO6
10/9/10	9:30-11am	4	Happy Hut (Lakes Road)	Education Extension program – iiP07
16/9/10	9:30-1:30pm	12	Happy Hut (Lakes Road)	Combined Life after birth and pregnancy birth – mostly socialised iiP08
17/9/10	9:30-12pm	2	Happy Hut (Lakes Road)	Education Extension program – iiP09 & iiP10 together
23/9/10	9:30-1:30pm	10	Caterpillar Park	Last day of EWO program, picnic and barbeque at local park. iiP11 under tree
24/9/10	10am-12noon	2	Happy Hut (Lakes Road)	Education Extension program
28/10/10	9:30-11:30am	8	Happy Hut (Lakes Road)	New Term 4 group started, 4 new mums
12/11/10	11:30-1:30pm		Lunch with coordinator and facilitators	
18/11/10	9:30-1:30pm	8	Happy Hut (Lakes Road)	Exiting the field
TOTAL	92 hours			

APPENDIX D: Questionnaire

Please answer the following by placing a ✓ in the most appropriate box or print clearly where required. **Remember ALL answers are confidential**

DATE: _____ **ID Number :** _____ (office use)

ABOUT YOU

1. What is your date of birth? _____
2. In which country were you born? _____
3. How many weeks pregnant are you? _____

What is your due date? _____ OR

What is your child's birth date? _____

4. What is your current relationship status?

- ☐ Single
- ☐ In a relationship with baby's father
- ☐ In a relationship with boyfriend (who is not biological father of child)
- ☐ Married

Other, not included above (please specify) _____

5. What is the highest level at school you completed

- ☐ Year 10
- ☐ Year 11
- ☐ High school certificate (Year 12 equiv.)

Other, not included above (please specify) _____

6. What suburb or town do you currently live in? _____

7. Where are you currently living?

- ☐ Living at home with parents and/or brothers and sisters
- ☐ Living with child's father
- ☐ Living with child's father's parents
- ☐ Living with boyfriend (who is not the biological father)
- ☐ Living alone

- ☐ Living with relatives (other than parents)
- ☐ Living with friends
- Other (please specify)
-

8. Which programs at the Happy Hut are you currently attending?

- ☐ Pregnancy Program
- ☐ Life after birth
- ☐ Mentoring
- ☐ Outreach program
- ☐ Active mums
- ☐ Education extension program

9. Do you access other community health services and if so, which one and how often?

☐ No (finish questionnaire)

☐ Yes (go to question 10)

10. If yes, which community health services have you visited since you were first pregnant? (may tick more than one box)

☐ General Practitioner (GP) how many times? _____

☐ Midwife how many times? _____

☐ Child Health Nurse how many times? _____

☐ Community Health Centre how many times? _____

☐ School Nurse how many times? _____

Other (please specify) _____